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House of Representatives

The House met at 9 a.m. and was called to order by the Speaker.

MORNING-HOUR DEBATE

The SPEAKER. Pursuant to the order of the House of January 8, 2018, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties. All time shall be equally allocated between the parties, and in no event shall debate continue beyond 9:50 a.m. Each Member, other than the majority and minority leaders and the minority whip, shall be limited to 5 minutes.

THE COST OF HEALTHCARE

The SPEAKER. The Chair recognizes the gentleman from Kansas (Mr. MARSHALL) for 5 minutes.

Mr. MARSHALL. Mr. Speaker, it is great to see so many youth in the audience today, and I look forward to sharing what I think is perhaps the biggest problem that is facing Americans right now, and that is the cost of healthcare. Not the cost of healthcare insurance, but truly the cost of healthcare itself.

When I look at the problems facing this country, most of us are very concerned about our national debt of over $20 trillion. In fact, 28 percent of our Federal budget goes towards healthcare right now, and until we can start driving the true cost of healthcare down, we will never be able to fix this huge Federal debt.

When I talk to small businesses across my district, their number one concern is the cost of healthcare. A sixth of their budget is going towards healthcare.

Certainly, I believe that transparency, innovation, and consumerism are the basic principles to drive down the cost of healthcare, but I want to stop today and applaud what the President and the Secretary of Labor did yesterday by opening up association plans. This is one small piece that will help drive down the cost of healthcare for folks who purchase healthcare as individuals or in small groups.

This will start to break down the State walls which prevent competition and once again allow different groups—all my farmers could join together through their associations, or other small businesses would be able to group together and have better purchasing power. This is going to give 400,000 people more health insurance and quality health insurance with true access to healthcare.

Now, on the House side, we passed H.R. 1101, and that bill basically codifies what the Secretary of Labor did yesterday. But like some 6,000 other bills, it has been sitting over in the Senate and, in this case, has been sitting in the Senate for over a year. We need leadership on both sides of the House to help drive down the cost of healthcare.

IMMIGRATION AND CHILDREN

The SPEAKER pro tempore (Ms. CHENEY). The Chair recognizes the gentleman from Georgia (Mr. LEWIS) for 5 minutes.

Mr. LEWIS of Georgia. Madam Speaker, as we stand here, a 5-year-old woke up in a cage. She committed no crime. She came here seeking hope and refuge.

Instead, Madam Speaker, she was taken from her parents, from her bothers and sisters, from all she knows and loves. She does not know where she is; she does not know where her family is; she does not speak the language of her captives; and she may never see her family again.

This morning, Madam Speaker, that innocent little child is crying in a cage, and we stand here doing nothing as innocent little babies sit in modern-day camps.

That is not right; it is not fair; and it is not just. And, Madam Speaker, history will not be kind to us if we continue to pass this unbelievable injustice on to our children.

Madam Speaker, I yield to the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. Madam Speaker, there is only one word that goes through my mind when I think about what this White House is doing to children right now. It's ''shame.'' Shame on them.

For years, we saw Republicans try to attack Democrats for having the gall to give millions of Americans healthcare or to address global warming. Your leaders stood up on this floor and said shame on us.

Shame on you for letting this happen, for being willing to let kids be kept in warehouses because you can't stand up to this President.

These are children, children who deserve the love of a mother and a father, not cages and concrete floors. These are children, babies in some cases. They need someone to comfort them when they can't sleep, to cool their food when it is too hot, to give them those basics of love and kindness that these children need.

What they don't need is to be used as hostages for President Trump to get his anti-immigrant wish list and a wall. They don't need to be demonized when their families are seeking refuge.

If President Trump and the Republicans don't think these families deserve asylum or protection, if they don't think these people deserve a chance of a life of safety, they are wrong. But these are matters that we can debate.

But you mean to tell me you don't think these children deserve the love of their mother and the comfort of their father? You mean to tell me that the Bible puts law above keeping families together? Absolutely not.

Shame on this White House and on everyone who stands with them. Shame on our country if we let this continue.

Mr. LEWIS of Georgia. Madam Speaker, I yield to the gentleman from Texas (Mr. AL GREEN).

Mr. AL GREEN of Texas. Madam Speaker, I thank the gentleman for yielding to me.

Madam Speaker, this is what it has come to. We stand here in the well of the House appealing to—in a sense, begging—the President to acknowledge the undeniable truth, the undeniable truth that this is a crisis that he can end with the stroke of a pen. This is a crisis that he has created, and it is a crisis that he can eliminate.

The undeniable truth is that, if a President can see these babies crying and pleading for their parents—momma, father, papa—if the President can see this and not take action, his heart has hardened to the extent that he is unfit to be President.

Mr. LEWIS of Georgia. Madam Speaker, our Nation is mourning. Our Nation is crying out to save our little children, save our babies.

History will not be kind to us as a nation and as a people if we continue to go down this road. We must stop the madness, and stop it now.

There was a man by the name of A. Philip Randolph, who was the dean of Black leadership during the sixties when we were planning the March on Washington. He kept saying: ''Maybe our foremothers and our forefathers all came to this great land in different ships, but we're all in the same boat now.''

Our little children, our babies, our young people, are crying out for help. We need help from Members of Congress. We can do better.

ARTISTS ADVOCATING FOR ENVIRONMENTAL PROTECTION

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. FITZPATRICK) for 5 minutes.

Mr. FITZPATRICK. Madam Speaker, I rise today to recognize the accomplishments of several young people in Bucks County, Pennsylvania, who are advocating for environmental protection using their artistic talents.

Recently, the Countryside Gallery in Newtown featured an exhibit, titled, ''One Planet: Wildlife Vulnerable to Climate Change.'' This exhibit gave students, under the guidance of artist Bonnie Porter, the ability to share their wildlife paintings in an effort to spread awareness of the threat of climate change. I am proud to recognize them now:

Amelia Binkley, Bella Cacciatore, Allison Cirillo, Victoria Cirillo, Taylor Dahms, Amanda Gardner, Olivia Kelly, Brady Klein, Addison Kohler, Emily LaPlante, Kate Logan, Jessica Martin, Nicole Mercora, Grace Porter, Olivia Ralston, Nolan Riesenberger, Chris Riether, Violet Schroeher, Gabi Smith, Abby Steadman, Erin Stone, Katie Sukunda, Ella Walsh, and Anna Williamson.

Madam Speaker, I applaud the activism, thoughtfulness, and impressive artistic abilities of these young citizens. I am proud to stand with them and will continue to fight with my colleagues to combat climate change and protect our environment.

RECOGNIZING BUCKS COUNTY OUTSTANDING LAW ENFORCEMENT OFFICIALS

Mr. FITZPATRICK. Madam Speaker, I rise today in recognition of two outstanding law enforcement officials in Bucks County, Pennsylvania, who are working tirelessly to make our community a safer place. Assistant District Attorney Megan Brooks and Deputy District Attorney Kristen McElroy were selected by fellow prosecutors in honor of their public service in pursuit of justice.

Megan received the Danny E. Khalouf Memorial Award for Outstanding Performance. Described as a rising star, Megan works for the Youthful Offender program and the Special Victims Unit.

Kristen received the Robert Rosner Memorial Award for Exceptional Service, Professionalism and Integrity. Known for her unparalleled work ethic, Kristen is the chief of the Special Victims Unit for adult sex crimes and directs the internship program.

I commend these fine public servants for their dedication to law, to safety, and to protecting our community.

I applaud District Attorney Matt Weintraub for leading such a fine team of attorneys that work tirelessly on behalf of all of us in Bucks County.

POST-TRAUMATIC STRESS DISORDER AWARENESS MONTH

Mr. FITZPATRICK. Madam Speaker, June is Post-Traumatic Stress Disorder Awareness Month, and I would like to take this time to recognize an organization in Bucks County, Pennsylvania, that works to rehabilitate heroes who struggle with this illness.

Since 2014, Shamrock Reins in Pipersville has offered equine therapy to help veterans and first responders recover from PTSD.

Founded by Janet Brennan, a registered nurse whose father served in the Vietnam war, Shamrock Reins uses a range of equine services, including riding therapy, to help assimilate our servicemen and -women back into society following their tours of duty.

As a member of the Homeland Security Committee, I am continually in awe of the sacrifices that our soldiers and our first responders make every day. I applaud Janet for her service to our Nation's heroes, and I encourage all of our constituents to follow her lead. Together, we can defeat PTSD.

IMMIGRATION AND CHILDREN

The SPEAKER pro tempore. The Chair recognizes the gentleman from New York (Mr. ESPAILLAT) for 5 minutes.

Mr. ESPAILLAT. Madam Speaker, I rise today with a heavy heart. As a father, as a grandfather, as a human being who cares about children, I ask: For God's sake, America, what is happening to your soul?

There are 11,000 children who are being held in jail cells throughout the country. Families arriving at the border seeking asylum voluntarily, seeking refuge voluntarily, are being detained, and they are being held in jail. Children as young as the children here today—as young as the children here today—are being held in jail. Babies are being separated from their mothers, even while breastfeeding them. This constitutes child abuse.

Madam Speaker, show some basic compassion for these young children, their brothers and sisters and their parents. Every single Member of Congress should be able to stand behind the simple idea that families, regardless of where they are born, belong together.

I know that Jesus of Nazareth was a refugee, and he paid the ultimate price.

Madam Speaker, this is a historic fight for the soul of our Nation, whether we remain a nation of aspirations or we become a nation of deportation.

Madam Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON LEE).

□ 0915

Ms. JACKSON LEE. Madam Speaker, you can hear the babies crying. When I went to the south Texas processing center, places where they were holding children, you could see the cages. You could hear and feel the warmth of Roger that was 9 months old who I held in my hands and who I did not want to let go. I could feel that because Roger's relatives had been taken from him, and he was crying.

The babies are coming every day. There are 2,000 children who have been snatched from their families. It is child abuse.

Mr. President, you can come to the Republican Conference and make jokes and raise your fist, but you can sign right now on behalf of the American people that you will let these babies go to their families.

Pope Francis said: ''A person's dignity does not depend on them being a citizen, a migrant, or a refugee. Saving the life of someone fleeing war and poverty is an act of humanity.''

This is a sin. Please, for Carlos and Alajerry, please let our children go to their families.

Mr. ESPAILLAT. Madam Speaker, I yield to the gentlewoman from New York (Ms. VELÁZQUEZ).

Ms. VELAZQUEZ. Madam Speaker, look at these young, innocent faces. I suspect many of these children are seeing the House floor for the very first time.

It is unfortunate that their first experience in this temple of democracy, the people's House, is to be here as we call our government to stop terrorizing children on the U.S.-Mexico border.

This past weekend, Madam Speaker, I traveled with Leader PELOSI and the

chair of the Congressional Hispanic Caucus. What we saw there was heart-wrenching. We have heard the audio of children crying: ''Mami, papi.''

Madam Speaker, it begs the question: Has our Nation lost its way? But nothing is as heart-wrenching as seeing children's faces in person, kids who were just taken from the arms of their parents, and children in cages crying for their parents. This is child abuse.

Let's be clear, Madam Speaker, this travesty could end today. Donald Trump could end this today by a single phone call.

To my Republican friends on the other side of the aisle, I simply say this: What happened to the party of family values? History will remember this moment.

The SPEAKER pro tempore. The Chair will remind all Members to refrain from references to guests on the floor, and Members are reminded to direct their remarks to the Chair.

NATION'S MORAL TRADITIONS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Arizona (Mr. GRIJALVA) for 5 minutes.

Mr. GRIJALVA. Madam Speaker, it is difficult to find words after what has unfolded before our eyes and the eyes of the American people these last few days, and it has gotten worse the last few days.

So today, I rise in defense of children on this House floor to demand of this House and, more importantly, the Trump administration to end this cruel exploitation of children by separating them from their families, by tearing children from their moms, and what appears to be, no doubt, a very craven political tactic by President Trump to try to hold hostage children to get other draconian items done on his immigration bill.

This tactic is fueled by some very ugly things that the American people have to reject. It is fueled by bigotry. It is fueled by hatred. It is fueled by fearmongering and is now being fueled by the endangerment of children.

As a father, as a grandpa, I cannot believe how we are debasing our Nation's moral traditions, how we are replacing our sacred values with autocratic comments and rhetoric from the President.

Mr. President, no more lies, no more child hostages. End this now. You can, and for our Nation's sake and for the children's sake, this needs to be done.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

Mr. GRIJALVA. I yield to the gentleman from California (Mr. GOMEZ), my friend.

Mr. GOMEZ. Madam Speaker, it is obvious that the administration doesn't care about the welfare of immigrant children being separated from their parents, but they should at least care about what kind of long-term impact they will have on all children, those currently living in the United States, documented or not, U.S. citizens or not.

We act like kids, all kids, don't know what is going on, but they do. They might not watch CNN, MSNBC, or FOX, but they talk to their classmates, siblings, teachers, and caregivers. They are hearing that kids are being torn away from their parents. We have to ask ourselves: What are they thinking? What goes through their minds? Are the young ones thinking that they can be next?

I am not exaggerating because shortly after the election of Donald Trump, my nephew cried because he thought if my sister left the country—because she is a resident and not a U.S. citizen—that she would not be able to return. So we know that these kids are paying attention. Yes, we might not know for certain what they are all thinking, but what we do know is that this policy must end now.

This must stop for the immigrant children and for all our children so that they feel secure and safe where it is natural, where they feel loved, and that is with their parents.

Mr. GRIJALVA. Madam Speaker, I yield to the gentlewoman from Illinois (Ms. SCHAKOWSKY), my good friend.

Ms. SCHAKOWSKY. Madam Speaker, what do you call a country that institutionalizes child abuse? Tragically, today you call that country the United States of America.

We have heard the children screaming. We have seen the images of children being told to go to sleep in cages. We know that children have been ripped from the breasts of nursing mothers and taken away, maybe never to be found to be reunited again.

As a mother, as a grandmother, I can't stand it. Madam Speaker, can you stand it? Can this country stand it? What happens to the soul of America when we do this to children?

These parents have come with their children, fleeing violence; thinking they are coming to the land of the free, the home of the brave; thinking that they are going to be able to get asylum here in the United States of America or at least a chance to get asylum here and to be safe, finally, with their children. Instead, they are put in jail. They are put in prison.

I am here today with Bruce and Felix, children whose parents are in the gallery. They will go home tonight and sleep in a comfortable bed while thousands of children are put to sleep in cages.

I say to you, Mr. President: You can end this. This is your decision. Please, for the sake of our country, for the sake of the children, for the sake of families, end this now.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair and not to the President.

FAMILY SEPARATION

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. JUDY CHU) for 5 minutes.

Ms. JUDY CHU of California. Madam Speaker, today, I brought with me two young people: Alcides Guandique, age 11, and Jose Guandique, age 13.

When I look at them, I think of 2 days ago when I visited the Trump detention center at the southern border in San Diego with Members and Leader PELOSI.

There we saw children torn from the arms of their parents under Trump's zero-tolerance policy. We talked to the kids. We talked to the mental health counselors who told us that children are traumatized.

Most of them have come here with their parents because they were threatened with murder and rape by gangs in Central America and Mexico. But because of Trump's policy of separation, these children have lost the one constant person in their lives.

As a psychologist, I took note when the president of the American Academy of Pediatrics visited detained kids. She said that, normally, kids like this are rambunctious and running around. But these kids are either screaming or crying or permanently quiet, and, in fact, that kind of toxic stress can permanently affect their brains.

There is only one way to describe it: government-sanctioned child abuse.

President Trump must own up to the policy that is his and his only. He has the power to stop this terrible cruelty. Instead, he is using these kids as a bargaining chip for $25 billion for a border wall. It is time for him to stop. Stop ripping children from the arms of their parents. America is better than this.

I yield to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. Madam Speaker, I thank my friend for yielding time, because I was compelled to come to the floor this morning to protest this cruel Trump GOP policy of family separation. This is a new policy.

Under past Presidents, when people come to this country legally asking for asylum because they are fleeing violence, domestic violence and gang violence in other countries, it is legal to request asylum in the United States of America. But under this new Trump policy that is so cruel and so horrible, he is trying to send a message to the world that this is an anti-immigrant country. We are not. He is trying to send a message to this world that children can be used for pawns. We are not going to let that happen.

President Trump and the GOP now want to use children as bargaining chips to try to exact concessions from Democrats on a very anti-immigrant, very cruel, very wasteful policy, and we need people across America to stand up and speak out.

The calls to my office are overwhelming. People think this family

separation policy that rips children away from their families is horrible and cruel, and it is. And we need you to keep the calls coming.

We are not going to let this happen. We are not going to let children continue to be ripped away from their families, but we need backup.

We are here to say we stand with the families. We love these children. Everyone should love these children, and we are not going to put up with Trump's anti-immigrant, hateful policy any longer.

Ms. JUDY CHU of California. Madam Speaker, I yield to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Madam Speaker, I thank the gentlewoman for yielding.

I spent the day before Father's Day at the Federal prison in Oregon, meeting the 123 asylum-seeking immigrant men who are incarcerated in prison. They were fleeing horrific violence and religious persecution. They were Christian and Sikh men from India. There was an LGBTQ man from Honduras and a man from Mexico whose property was burned because he has been targeted by gangs. We spoke with men who were separated from their wives and children and who, on Father's Day, had no idea where they were or how they were.

Criminalizing asylum seekers and separating families is cruel, and it is appalling.

Now we find out that there are tender-age shelters. Babies don't need their own jail. They need their own parents. This must stop. The President and the Department of Justice could stop it right now.

The American Academy of Pediatrics said that separating families in this way causes irreparable harm. Mistreating children for political leverage is outside of moral bounds, even for this administration.

As a mother, it breaks my heart. As an American and granddaughter of immigrants, it makes me furious.

And if the President won't sign something today, which he could, then, Speaker RYAN, bring us the Keeping Families Together Act, and let us do something to stop this horrific atrocity that is happening to children and to people who are coming to this country.

FAMILIES HAVE A RIGHT TO PETITION FOR ASYLUM

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from New Mexico (Ms. MICHELLE LUJAN GRISHAM) for 5 minutes.

Ms. MICHELLE LUJAN GRISHAM of New Mexico. Madam Speaker, this past week, my colleagues and I traveled to different parts of the border to see firsthand how children, mothers, and fathers are being terrorized by the most anti-immigrant, xenophobic, and racist administration of my lifetime.

We did this because we cannot stand by, cannot stand idly by, and watch the most powerful country in the world tearing children from their mothers and their fathers at their most vulnerable and desperate moments. The stories of babies and toddlers being torn from the arms of their mothers and fathers, the heartbreaking audio of children crying and screaming for their parents, the account of a distraught father taking his own life after his own child was wrestled from his arms, and of a mother who was deported before she could recover her son from detention, these are the atrocities perpetrated by President Trump, and they must stop.

□ 0930

Families fleeing violence deserve and have a right to petition their claim for asylum, for that is the law of the land.

I am here with two children today to call on this administration to stop this cruel, inhumane practice that betrays who we are as a country.

The President could make the decision to end this practice right now and do the right thing. Failing that, Congress must act.

Madam Speaker, I yield to my distinguished colleague from Washington (Ms. JAYAPAL).

Ms. JAYAPAL. Madam Speaker, 10 days ago, I visited a Federal prison south of Seattle that holds 174 women. I met with all of those women. They are seeking asylum. One woman had three children. The first child was shot and murdered by gangs. The second child was shot and paralyzed by gangs, and the third child was the child she tried to bring here to safety.

These are the stories of the people who are coming across the border. All of the mothers and the 174 people who were at the Federal prison had not even been able to say good-bye to their children. They did not know where their children were. They had been subjected to the worst conditions at the border.

Madam Speaker, what is this country coming to? This is a country that should value our children, that should value the rights of our children; and these children are sitting in cages on the border in tent cities.

This President created this crisis, and this President can stop this crisis right now with a phone call. Do not tell us it is about Congress. It is about the President of the United States who has chosen to take this democracy to its very bottom.

This is the bottom. This is abuse. It is a human rights violation, and we must end it. He must end it.

Ms. MICHELLE LUJAN GRISHAM of New Mexico. Madam Speaker, I yield to the gentleman from Illinois (Mr. GUTIÉRREZ).

Mr. GUTIÉRREZ. Madam Speaker, I want to thank all of my colleagues from all over the United States. I would like to ask them all to please step forward and bring your guests. Every Member of Congress is allowed two children under the age of 12. Please bring them forward with you.

I think more powerful than anything I could say is to stand with children. Please. Please. We only have 5 minutes, but let's take the minutes so the children can step forward. Please bring them forward. All of the Members of Congress, you are all allowed under our rules to have two children.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would advise Members to not traffic the well while another Member is under recognition.

Mr. GUTIÉRREZ. Madam Speaker, under the protection of Members of the U.S. House of Representatives, we are here with the children because we believe that this is what is important.

I want to thank all of my colleagues, I know that the rules do not allow all of you to speak. But I think you speak with your presence here and with these children in your arms.

I want to tell you something. I know this is a tragic moment, but this weekend, I couldn't have felt prouder to be an American. I couldn't have felt prouder about just what our exceptionalism is.

I saw Americans everywhere across this country standing up for children, standing up for those who are in need, and standing up for moms and dads who are being separated.

Let's celebrate, too, that America sees this injustice, sees this cruelty, sees this evil, and did not remain silent. That is the America that I am so happy I was born into.

We have a great country. Let's remember that. So let's keep the fight. Let's keep the fight for these children who are here. They are so beautiful.

The SPEAKER pro tempore. The gentlewoman from New Mexico's time has expired.

The gentleman from Illinois is not recognized.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will reiterate an announcement by the Chair on July 7, 2016: An exhibition involving Members trafficking the well is a breach of decorum.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 10 a.m. today.

Accordingly (at 9 o'clock and 34 minutes a.m.), the House stood in recess.

□ 1000

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WEBER of Texas) at 10 a.m.

PRAYER

Rabbi Mark Schiftan, The Temple: Congregation Ohabai Sholom, Nashville, Tennessee, offered the following prayer:

God bless this land and all its inhabitants, this land built on foundations we may call our own, pledged to law and freedom, to equality and harmony, haven for the huddled masses yearning to breathe free.

We and you who lead us are a nation of immigrants. Each of us, all of us, are here because of the individually and mutually inspired hopes and dreams of those who came before us, those who often fled persecution to find safe haven on this Nation's shores for them and for future generations that follow them, including each and every one of us.

More than any other instruction in the Bible is the sacred reminder to embrace the stranger, to love the newcomer as much or even more than the native born. May we, may you who lead us, do just that.

Help us, O God, to fulfill the promise of America. May we and you who lead us be true to this land and its traditions. Renew in all of us a zeal for justice, tempered always with mercy. Awaken within us compassion so we may enter upon the future with restored vision and dedicated afresh to a proud destiny for all.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. HOLDING. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. HOLDING. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Pennsylvania (Mr. THOMPSON) come forward and lead the House in the Pledge of Allegiance.

Mr. THOMPSON of Pennsylvania led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

WELCOMING RABBI MARK SCHIFTAN

The SPEAKER pro tempore. Without objection, the gentleman from Tennessee (Mr. COOPER) is recognized for 1 minute.

There was no objection.

Mr. COOPER. Mr. Speaker, the opening prayer today was given by Rabbi Mark Schiftan of Nashville, the senior rabbi of the oldest and largest Jewish congregation in middle Tennessee. The congregation dates back to 1851, when the Vine Street Temple began worship services in downtown Nashville, even before the Civil War.

Rabbi Schiftan has led today's temple, Congregation Ohabai Sholom, for nearly 20 years and is well known and beloved in our community.

His family escaped the Holocaust from Vienna, Austria, fleeing first to Shanghai, China, and then to San Francisco.

Rabbi Schiftan was educated at San Francisco State University, the Hebrew Union of Los Angeles, and then was ordained at the Hebrew Union of Cincinnati.

Under Rabbi Schiftan's leadership, the temple has been the indispensable religious and cultural institution for all of middle Tennessee.

I would like to personally thank the rabbi for his strong leadership in our community, for our personal friendship, and for opening the House with prayer today.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 15 further requests for 1-minute speeches on each side of the aisle.

ADDRESSING THE ROHINGYA HUMAN RIGHTS CRISIS

(Mr. HULTGREN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HULTGREN. Mr. Speaker, I rise on World Refugee Day to draw attention to the plight of the Rohingya people in Myanmar.

Since October 2016, the Burmese military has targeted the Rohingya people with what the State Department has described as ethnic cleansing. Through interviews in refugee camps and other fact-finding missions, the U.N. Office of High Commissioner for Human Rights and multiple NGOs have documented a systematic campaign of mass rape, extrajudicial killings of young babies and children, brutal beatings, burning of entire villages, and other serious human rights violations.

Mr. Speaker, 7,000 Rohingya were killed in the first month of the violence, while an estimated 700,000 have fled to Bangladesh. At the Tom Lantos Human Rights Commission, we have worked to bring attention to the sickening discrimination and mistreatment of the Rohingya.

The oncoming monsoon season in Bangladesh will cause more difficulties for the Rohingya refugees. Congress must hold the Burmese military accountable for their actions and provide the necessary aid needed to meet this crisis.

FAMILY SEPARATION

(Mr. SCHNEIDER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SCHNEIDER. Mr. Speaker, the Trump administration's abhorrent immigration policy that is tearing families apart and separating children from their parents is a shameful betrayal of our values. It needs to end immediately.

Americans of all political stripes are contacting our office, heartbroken and outraged by the images and stories of the treatment of these vulnerable young people by our Nation.

The President and his Attorney General have created this crisis. The President has the power to immediately stop this cruelty, but so far, Mr. Speaker, he refuses to do so. That is why today I am proud to join more than 190 colleagues introducing legislation to stop this inhumane treatment of children at our border.

The Keep Families Together Act prohibits the Department of Homeland Security from separating children from their parents, except in extraordinary circumstances. The bill also limits criminal prosecution of asylum seekers fleeing persecution, increases child welfare training, and creates a policy preference for family reunification.

I urge my fellow Members of Congress to join us on this bill. Let's fix this stain on the character of our Nation and swiftly end this policy.

HONORING TOM NEUBAUER

(Mr. DUNN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DUNN. Mr. Speaker, I rise today to honor Tom Neubauer, the recipient of the 2018 Defense Community Leadership Award.

Tom is a highly respected leader of the defense community in Florida and a personal friend of mine back in Bay County, which is my home.

Tom has been the leading communicator between our military and civilian communities for as long as I can remember. He was instrumental in bringing the MQ–9 Reaper Wing to Tyndall Air Force Base and worked tirelessly to support and protect the Military Mission Line.

Both Tom and his wife, Margaret, are Air Force brats. Their love for our soldiers, sailors, and airmen shines through in all that they do. Tom has been building better relations and a

tighter sense of community between military and civilian communities not only in Bay County, but throughout Florida and the Nation.

Mr. Speaker, please join me in congratulating Tom Neubauer on receiving this prestigious award and thanking him for his work for military communities throughout this country.

KEEP FAMILIES TOGETHER

(Mr. JOHNSON of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. JOHNSON of Georgia. Mr. Speaker, as I speak, the Trump Republicans wrestle another child from the arms of a refugee parent at our southern border, but I still rise today to honor World Refugee Day.

Every year, thousands of refugees journey to the United States of America in search of safety, be it from human rights violations, warfare, natural disasters, or the war on drugs.

We pride ourselves on being a nation of immigrants. I am proud that Clarkston, Georgia, known as the Ellis Island of the South, is in my district. But Trump Republicans have lain waste to our custom of welcoming asylum seekers as they commit the inhumane practice of separating children from their parents at the border.

America is weakened in the eyes of the world, and separating families is our national shame. That is why I am a proud cosponsor of the Keep Families Together Act. Congress must act now on this important legislation.

CONGRATULATING MICKI ELLIOTT TUCKER ON HER RETIREMENT

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today to congratulate Ms. Micki Elliott Tucker on her retirement. She is the nursing home administrator at Sweden Valley Manor in Coudersport, Pennsylvania.

Micki has been a dedicated leader, and she is well loved by the residents and staff alike. She has been instrumental in the development of the Charles Cole Transitions of Care Committee in Potter, McKean, and Cameron Counties. Micki was the liaison between the transitional care team and the implementation of the PenTec LPN Clinical Program at Sweden Valley Manor.

The nursing home also received numerous awards over the years with Micki at the helm. In 2014, the American Health Association awarded Sweden Valley with a National Bronze Commitment of Quality award. In 2008, Sweden Valley Manor was named Coudersport Business of the Year. In 1994, it received the Outstanding Employer award from the Pennsylvania Department of Labor.

Mr. Speaker, these are just some of the highlights of a long-spent career caring for others. To say she will be missed is an understatement.

Mr. Speaker, I wholeheartedly wish Micki Elliott Tucker the best in her well-deserved retirement.

KEEP FAMILIES TOGETHER

(Mr. RYAN of Ohio asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. RYAN of Ohio. Mr. Speaker, I think about my wife, Andrea, and I when we go to take a couple days away from the kids and we leave our 4-year-old with his grandparents, how heartbreaking it is to even leave that kid when you are leaving him with grandparents.

I think about my great-grandparents, who came here from Italy as immigrants. I think about the 13 years of Catholic school that I attended. I think about the conversations in Washington, D.C., about family values.

And then I think about how, in the most powerful country in the world, our governmental policy is to strip kids—babies, toddlers, infants—from their parents. The most powerful country in the world has resorted to this nonsense. This is a joke.

It is by choice, Mr. Speaker. This is a choice that the most powerful men in the most powerful country are choosing to take poor kids away from their parents.

It is time for this most powerful President to act immediately and stop the American carnage.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 20, 2018.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on June 20, 2018, at 9:37 a.m.:

That the Senate passed S. 2269.

Appointment:

United States Capitol Preservation Commission.

With best wishes, I am
Sincerely,

KAREN L. HAAS.

□ 1015

PROVIDING FOR CONSIDERATION OF H.R. 6, SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT FOR PATIENTS AND COMMUNITIES ACT; PROVIDING FOR CONSIDERATION OF H.R. 5797, INDIVIDUALS IN MEDICAID DESERVE CARE THAT IS APPROPRIATE AND RESPONSIBLE IN ITS EXECUTION ACT; AND PROVIDING FOR CONSIDERATION OF H.R. 6082, OVERDOSE PREVENTION AND PATIENT SAFETY ACT

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 949 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 949

Resolved, That at any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 6) to provide for opioid use disorder prevention, recovery, and treatment, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. An amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-76, modified by Rules Committee Print 115-78 and the amendment printed in part A of the report of the Committee on Rules accompanying this resolution, shall be considered as adopted in the House and in the Committee of the Whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the five-minute rule and shall be considered as read. All points of order against provisions in the bill, as amended, are waived. No further amendment to the bill, as amended, shall be in order except those printed in part B of the report of the Committee on Rules. Each such further amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such further amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill, as amended, to the House with such further amendments as may have been adopted. The previous question shall be considered as ordered on the bill, as amended, and any further amendment thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 2. At any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 5797) to amend title XIX of the Social Security Act to allow

States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. The amendment in the nature of a substitute recommended by the Committee on Energy and Commerce now printed in the bill, modified by the amendment printed in part C of the report of the Committee on Rules accompanying this resolution, shall be considered as adopted in the House and in the Committee of the Whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the five-minute rule and shall be considered as read. All points of order against provisions in the bill, as amended, are waived. No further amendment to the bill, as amended, shall be in order except those printed in part D of the report of the Committee on Rules. Each such further amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such further amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill, as amended, to the House with such further amendments as may have been adopted. The previous question shall be considered as ordered on the bill, as amended, and any further amendment thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 3. Upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6082) to amend the Public Health Service Act to protect the confidentiality of substance use disorder patient records. All points of order against consideration of the bill are waived. An amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-75 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit with or without instructions.

SEC. 4. In the engrossment of H.R. 6, the Clerk shall—

(a) add the respective texts of H.R. 2851, H.R. 5735, and H.R. 5797, as passed by the House, as new matter at the end of H.R. 6;

(b) assign appropriate designations to provisions within the engrossment; and

(c) conform cross-references and provisions for short titles within the engrossment.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 949 provides for the consideration of three important bills aimed at curbing the deadly opioid epidemic plaguing this country and providing Americans with the tools to overcome their addictions: H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, or the SUPPORT Act; H.R. 5797, the Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act; and H.R. 6082, the Overdose Prevention and Patient Safety Act.

The three bills included in today's rule all seek to accomplish one goal: assist Americans struggling with opioid addiction in controlling their addictions and moving forward in achieving productive and healthy lives.

The rule provides for 1 hour of debate on H.R. 6, equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. The rule makes in order eight amendments offered by both Republicans and Democrats. Further, the rule provides the minority with one motion to recommit with or without instructions.

The resolution also provides for a structured rule for H.R. 5797, allowing 1 hour of debate to be divided and controlled between the chair and ranking minority member of the Energy and Commerce Committee. The rule also provides for debate on an amendment by Mrs. MIMI WALTERS of California, an active member of the Energy and Commerce Committee. Finally, the rule provides the minority with the customary motion to recommit with or without instructions.

The final bill included in today's resolution, H.R. 6082, will also receive 1 hour of debate on the House floor, equally divided and controlled by the chair and ranking member of the Energy and Commerce Committee. As the Committee on Rules received no germane amendments to H.R. 6082, no amendments were made in order in today's rule. The minority does receive the customary motion to recommit with or without instructions.

The statistics that many of us have heard on numerous occasions—at our district townhalls, in opioid roundtables with stakeholders, constituent meetings in our offices, and in our committee hearings—are truly heartbreaking stories, with more than 115 people dying in the United States every day from an opioid overdose. That is five people per hour.

According to national reports, emergency room visits and opioid overdose deaths have more than quadrupled in the last 15 years, and a preliminary analysis indicates those numbers are to rise. The misuse of and addiction to opioids—including prescription pain medications, heroin, and synthetic opioids such as fentanyl—is, indeed, an urgent national crisis that continues to threaten our public health, social fabric, and economic welfare. Both community hospitals and local paramedics are frequently coming across people overdosing on an opioid drug or a drug laced with fentanyl.

The opioid epidemic has affected families not only in my district in north Texas, but in communities large and small from Maine to California. It has also impacted American employers and businesses due to lost productivity and difficulty finding qualified candidates for employment. President Trump is right to call this epidemic the ''crisis next door.''

The efforts of the Energy and Commerce Committee in the Comprehensive Addiction and Recovery Act and the 21st Century Cures Act in the previous Congress were a good start, delivering critical funding and resources to communities hit most hard by the opioid epidemic. But there was much more we still could do.

To start this process, the Energy and Commerce Health Subcommittee, which I chair, held a Member Day last October, where more than 50 bipartisan Members of this body, both on and off the committee, shared their personal stories from their districts and offered their solutions. This was followed by a series of three legislative hearings with markups where nearly 60 bills were considered and advanced to the full Energy and Commerce Committee that acted on these bills shortly thereafter.

The culmination of the work from the Energy and Commerce Committee and other House committees has brought us to consider many of these policies over the course of the last 2 weeks on the House floor. It required an all-hands-on-deck approach, and I believe the American people will see that, by this week's end, we did, indeed, come together in a bipartisan fashion and worked to address this crisis.

Today's rule provides for consideration of three important bills that will expand treatment options, deliver lifesaving services, and make necessary public health reforms, including Medicare and Medicaid, to bolster prevention and recovery efforts.

First, H.R. 5797, the Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act, the IMD CARE Act, allows State Medicaid programs to remove the institutions for mental diseases exclusion for beneficiaries aged 21 to 64 with an opioid use disorder for 5 years' time. The bill provides the continuum of care

by removing a barrier of care under current law, so Medicaid can cover up to a total of 30 days of care in an institute for mental disease during a 12-month period, and eligible enrollees can get the care that they actually need.

The IMD exclusion is one of the treatment barriers consistently identified by State Medicaid directors, health policy experts, and many provider groups. Currently, this exclusion under Medicaid significantly limits the circumstances under which Federal Medicaid matching funds are available for inpatient services or for outpatient treatments.

Unfortunately, this policy has barred individuals with an opioid use disorder and mental illness from accessing short-term, acute care in psychiatric hospitals, or receiving treatment in residential substance use disorder treatment facilities. A 2017 Medicaid and CHIP Payment and Access Commission report stated that the Medicaid IMD exclusion is one of the few examples in the Medicaid program where Federal financial participation cannot be used for medically necessary and otherwise covered services for a specific Medicaid population receiving treatment in a specific setting.

In the midst of the opioid crisis, States must leverage all available tools to combat this epidemic. Section 1115 demonstration waivers are an important tool, but, so far, less than half of the States have sought or received an appropriate waiver from the Centers for Medicare and Medicaid Services to help patients with substance use disorder.

The IMD CARE Act also allows States the option to use the State plan amendment process, which is generally faster than using waivers. Under this process, once a State plan amendment is submitted, the Centers for Medicare and Medicaid Services has 90 days to decide or the proposed change will automatically go into effect.

H.R. 5797 amends an outdated law that has been in effect since the enactment of the Medicaid program in 1965. Since that time, there have been advances in behavioral health, and there have been advances in addiction treatment services where more, improved treatment options now exist.

It is long overdue to revisit this policy so that State Medicaid programs can better meet patients' needs and physicians can determine the most appropriate setting for care based on an individual's treatment plan.

Next, H.R. 6082, the Overdose Prevention and Patient Safety Act, makes timely reforms to a privacy law that affects patient access to healthcare and creates barriers to treatment. Specifically, the bill updates the Public Health Service Act to permit substance use disorder records to be shared among covered entities and 42 CFR part 2 programs by aligning part 2 with the Health Insurance Portability and Accountability Act of 1996 for the purposes of treatment, payment, and healthcare operations.

□ 1030

As a physician, I believe it is vital that when making clinical decisions, I have all of the appropriate information to make the correct determination in the treatment of a particular patient. Those suffering from substance use disorder should receive the same level of treatment and care as other individuals.

Patients afflicted with substance use disorder deserve to be treated by physicians who are armed with all of the necessary information to provide the best possible care.

I certainly do understand and respect that patient privacy protection is paramount and should be held in the highest regard.

The Overdose Prevention and Patient Safety Act maintains the original intent of the 1970s statute behind 42 CFR part 2 by protecting patients and improving care coordination. In fact, this bill increases protections for those seeking treatment by more severely penalizing those who share patient data to noncovered entities and nonpart 2 programs than under the current statute, with certain exceptions.

Lastly, it requires the Secretary of Health and Human Services to, among other things, issue regulations prohibiting discrimination based on disclosed health data and requiring covered entities to provide written notice of privacy practices.

The issue of the stigma associated with substance use disorder has been a constant in many of the discussions members of the Energy and Commerce Committee and the stakeholders have had in both our offices and in our hearings.

This carefully crafted legislation seeks to help break the stigma and help individuals with this complex disease gain access to healthcare and support services critical to getting them on the road to recovery.

We should not continue to silo the substance use disorder treatment information of a select group of patients if we want to ensure that these patients are indeed receiving quality care. This information should be integrated into our medical records and comprehensive care models to prevent situations where physicians, not knowing a patient's substance use disorder, may prescribe medications that have significant drug interactions, or worse, may prescribe a controlled substance that makes their patient's substance use disorder worse.

As it currently stands, 42 CFR part 2 is actively prohibiting physicians from ensuring proper treatment and patient safety and, paradoxically, it is perpetuating that stigma.

Providing high quality healthcare is a team effort, but physicians leading the team must have the necessary information to adequately coordinate care. We must align payment, operations, and treatment to allow coordination of both behavioral and physical health services for individuals with substance use disorder.

There is a reason why the Substance Abuse and Mental Health Services Administration and most of the health stakeholder community are asking for this change. Clearly, there is an issue here that must be addressed. H.R. 6082 achieves the goal and contributes to Congress' effort in trying to stem the current crisis.

Finally, Mr. Speaker, H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, is a package of bills that reform Medicare, Medicaid, and other health provisions to further combat this crisis by advancing many critical initiatives.

As we all know, this opioid epidemic is in our hospitals, but it is also in our living rooms and on our streets. Our partners at Federal agencies must rise to the challenge and deliver vital resources for States and communities most devastated by the crisis. The SUPPORT for Patients and Communities Act will provide our Department of Health and Human Services, including the Centers for Medicare and Medicaid Services and the Food and Drug Administration, with the necessary tools to address this crisis.

Title I of H.R. 6 addresses the ways in which Medicaid can be used to increase access to quality care and management for individuals suffering from substance use disorders. Some of these changes in Medicaid reflect the success of our State Medicaid programs by implementing State successes at the Federal level.

Section 101 under title I will expand protection for at-risk youth by requiring State Medicaid programs to restore Medicaid coverage of a juvenile following their release from incarceration. The next section also allows former foster youth to maintain their Medicaid coverage across State lines until they turn 26 years of age. These are vulnerable populations of individuals that will greatly benefit from increased access to treatment.

Section 105 builds on the current State Medicaid drug utilization review, which saves money and promotes patient safety. This section will require State Medicaid programs to have safety edits in place for opioid refills, monitor concurrent prescribing of opioids and certain other drugs, and monitor antipsychotic prescribing for children.

Care for mothers suffering from substance use disorder and their babies who are born with neonatal abstinence syndrome is a growing problem in the face of this epidemic. Section 106 requires HHS to improve care for these infants with neonatal abstinence syndrome and their mothers. It also requires that the General Accountability Office study the gaps in Medicaid coverage for pregnant and postpartum women with substance use disorders.

Section 107 of the bill provides additional incentives for Medicaid health homes for patients with substance use disorder.

Mr. Speaker, these health homes will allow States to create a comprehensive person-centered system of care coordination for primary care, acute and behavioral healthcare, including mental health and substance use. As our healthcare system moves towards caring for the whole person, it is important that we enable our physicians and our payers to provide that comprehensive care.

The SUPPORT for Patients and Communities Act also enables better pain management for our Nation's Medicare beneficiaries, ranging from increased access to substance use disorder treatment, including through the use of telehealth, to modification of physician payment for certain nonopioid treatments in Ambulatory Surgery Centers.

Title II of the bill contains Medicare provisions that encourage the use of nonopioid analgesics where appropriate and also aims to decrease fraud and abuse regarding prescriptions by requiring e-prescribing for the coverage of Medicare Part D controlled substances.

H.R. 6 strives to provide support for at-risk beneficiaries who might fall victim to substance use disorder. Section 206 of the bill accelerates the development and the use of drug management programs for at-risk beneficiaries. While this program is currently voluntary, by plan year 2021, it will become a mandatory program.

Lastly, the bill expands Medicare coverage to include opioid treatment programs for the purpose of providing medication-assisted treatment. Opioid treatment programs are not currently Medicare providers, which forces Medicare beneficiaries who need medication-assisted treatment to pay out-of-pocket costs for those services. These efforts should provide improved access to treatment for Medicare beneficiaries who have substance use disorders while also incentivizing the use of opioid alternatives, which hopefully will prevent the development of substance use disorders.

Even though an estimated 46,000 Americans died from opioid overdoses from October 2016 to October 2017, there is a lack of innovation and a lack of investment in the development of nonaddictive pain and addiction treatment.

A bill that I introduced, H.R. 5806, the 21st Century Tools for Pain and Addiction Treatments, is included in section 301 on H.R. 6 and requires the Food and Drug Administration to hold at least one public meeting to address the challenges and the barriers of developing nonaddictive medical products intended to treat pain or addiction.

The Food and Drug Administration is also required to issue or update existing guidance documents to help address challenges to developing nonaddictive medical products to treat pain or addiction.

Mr. Speaker, I did work closely with the Food and Drug Administration to get the policy in this section correct and to ensure that it will clarify those pathways for products that, in fact, are so desperately needed by America's patients.

I have remaining concerns about the language in section 303 that will allow nonphysician providers to prescribe buprenorphine. While I understand and greatly appreciate the intent to increase access to medication-assisted treatment, as a physician, I also respect how complicated the treatment of patients suffering from substance use disorder may be.

The Hippocratic Oath, we all know, is to first, do no harm. Patient safety should be our highest priority.

This is a complex patient population, Mr. Speaker. On average, people with substance use disorder die 20 years sooner than other Americans.

Additionally, buprenorphine is a schedule III drug that can be misused and could exacerbate the underlying problem. I am unsure about expanding these authorities to additional nonphysician providers at the risk of making the problem worse. I have worked to strengthen the reporting requirements of this section of H.R. 6 and look forward to reviewing that report on this particular policy.

Taken together, H.R. 6, the SUPPORT for Patients and Communities Act, will improve access to care for individuals suffering from substance use disorder, provide our healthcare system with tools and resources that it needs to care for patients, and to help prevent future misuse of opioids.

Before I close, I would like to share a quote from President Trump. He said: ''Together, we will face this challenge as a national family with conviction, with unity, and with a commitment to love and support our neighbors in times of dire need. Working together, we will defeat this opioid epidemic.''

The number of bills and policies advanced on the House floor in the last 2 weeks illustrates our shared commitment, and I am confident that we will make significant progress in defeating this epidemic.

Mr. Speaker, I urge my colleagues to support today's rule and the three underlying bills that are critical to our Nation's effort to stem the opioid crisis.

Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

(Mr. MCGOVERN asked and was given permission to revise and extend his remarks.)

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman from Texas (Mr. BURGESS) for yielding me the customary 30 minutes.

Mr. Speaker, my Republican colleagues are rushing to congratulate themselves for finally addressing opioid addiction. But, Mr. Speaker, what took them so long? This is an epidemic that fueled more drug overdoses in America in 2016 than died in the Vietnam war. In fact, opioids now kill more people every year than breast cancer. 115 Americans are dying from them every single day.

These statistics aren't new. They have been staring the Republicans in the face for months. The public has been pushing this Congress to act. Democrats have been pushing measure after measure after measure to address opioid addiction, but the majority has used their restrictive amendment process to block them from even getting a vote on the House floor.

More than a dozen amendments dealing with opioids have been blocked by the majority from even getting a debate. One of these amendments had bipartisan support, but it was blocked all the same.

This from a Republican majority that has already turned this Congress into the most closed Congress in history. Let me say that again. These guys, my Republican colleagues, have presided over the most closed Congress in history. There have already been 86 completely closed rules during the 115th Congress, and it is only June.

That number is expected to grow later this week as the majority considers their partisan immigration bills under a closed process.

Mr. Speaker, as well-intentioned as these bills may be, we aren't considering them in a vacuum. And here is the deal: We are taking them up at a time when Republicans are continuing their crusade against the Affordable Care Act, a law that has helped millions of Americans suffering from substance use disorders.

The Trump administration is refusing to defend the ACA. And get this: its Justice Department recently asked in a legal filing for the courts to invalidate this law's protections for preexisting conditions.

Mr. Speaker, does the majority realize that substance use disorders are a preexisting condition?

If Republicans are successful, they will make the opioid crisis even worse. And it doesn't stop there. Some conservative groups are pushing the majority to try repealing the ACA completely again before the summer is out.

□ 1045

This, after Republicans came within a few votes of taking healthcare from 23 million Americans last year, including those suffering from opioid addiction.

These rightwing groups released their latest repeal plan yesterday, so the words from my Republican friends today ring particularly hollow.

Mr. Speaker, we all know that the best answer to an epidemic is to get as many people as possible into treatment and to provide them and their families the support that they need. And one of the most effective ways to accomplish

this is to expand Medicaid and expand treatment options for substance abuse through the ACA.

Last October, the Republicans made clear what they think of the hundreds of thousands of Americans suffering from opioid addiction and alcohol and drug abuse. They passed a budget that makes $1.3 trillion in cuts to healthcare, including a 30 percent cut to Medicaid.

Mr. Speaker, Republicans can't bemoan the opioid epidemic on one hand and vote time and time again to cut the very healthcare systems required to treat addiction.

Nor can you set up a biased, tiered system that grants access to treatment for opioid addiction at the expense of providing treatment for addiction and abuse of other substances, like key provisions in H.R. 5797. Not only is that inhumane and immoral, but it is also ineffective. It undermines the entire health system of treating substance abuse.

Mr. Speaker, many Democrats have joined the majority in supporting one of these bills, H.R. 6, the SUPPORT for Patients and Communities Act. It is a good bill. It would help Medicare and Medicaid better respond to substance use disorders. We are working with the majority here.

So, Mr. Speaker, why won't they work with us to defend the ACA, preserve protections for preexisting conditions, and expand Medicaid.

Now, I know asking Congressional Republicans to show some empathy right now is a tall order. This is the group that has furthered President Trump's spin on family separations at the border, a policy he can change unilaterally, right now if he wanted to. I mean, children are being ripped out of their parents' arms in tears and kept in cages, warehouses, and tent cities. It is appalling and it is un-American.

You don't have to take my word for it. Republicans, like First Lady Laura Bush and Senator JOHN MCCAIN, have spoken out against it. And a U.S. attorney in Texas made clear it was President Trump's policy choice alone. And get this: This is a U.S. attorney who the President himself appointed.

But change is possible. Congressional Republicans can see the error of their ways. They can reject these calls for repeal. They can stop sitting idly by as President Trump attacks the Affordable Care Act. And they can start standing up for the 133 million Americans with preexisting conditions. That includes those suffering from addiction.

They could stop giving the President cover when he falsely claims that Democrats caused the chaos at the border that he clearly caused.

Stop playing with people's lives. We are talking about their healthcare. We are talking about getting treatment for addiction. For God's sake, we are talking about taking children out of the arms of their mothers. This isn't a handful of cases, it is thousands of cases. It is outrageous.

It is time for the adults in Congress, men and women of conscience, to stand up for what is right, not only on the opioid crisis, but on so many other important issues facing this country. I hope the majority comes to its senses before it is too late.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. COSTELLO), a fellow member on the Committee of Energy and Commerce.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise in support of the rule. I want to speak specifically on my support for H.R. 6082, which allows for the flow of information among healthcare providers and health plans that is necessary to foster care coordination, provide proper treatment, promote patient safety, make payment, and, ultimately, improve the individual's health status.

Without alignment for treatment, payment, and operations, the following could not happen without an authorization: Coordinating care across behavioral and medical services. Case management to provide longer-term support after a patient ends treatment. Ensuring appropriate administrative and financial interaction between providers and plans, which support the core functions of treatment and payment for HIPAA-covered entities. Also conducting quality assessment and improvement activities to better integrate behavioral and medical services. This includes, Mr. Speaker, evaluating provider performance, conducting training programs, and accreditation, certification, and credentialing activities.

People with substance use disorder die, on average, decades sooner than other Americans. This is largely because of a strikingly high incidence of poorly-managed, co-occurring chronic diseases, including HIV/AIDS, cardiac conditions, lung disease, and cirrhosis.

Whatever we, as a Nation, are doing to coordinate care for this highly vulnerable patient population is utterly failing by any reasonable measure.

An extraordinary array of organizations, hospitals, physicians, patient advocates, and substance use treatment providers have approached our committee to clearly state that existing Federal addiction privacy law—and that is what H.R. 6082 is focused on, existing privacy law—is actively interfering with case management/care coordination efforts, and preserving a failed and deadly status quo.

Blocking certain substance use providers from accessing health records from these exchanges, which the part 2 regulations do, isolates patients in these programs from powerful exchanges of health information and from the protections of HIPAA and HITECH regulations governing these exchanges.

Mr. Speaker, treating patients' substance use in isolation from their medical and mental conditions, which predominated care in the 1970s, is not the current standard of good medical practice today.

There is overwhelming evidence now that patients' substance use cannot be treated in isolation from other physical and mental health conditions. In the 1970s, when part 2 was written, this was not widely known, and treatment for addiction was largely separate from treatment of other illnesses.

By continuing to segregate substance use disorder records for any treatment setting means that you are willing to allow those patients to receive care that is lower quality at a higher cost. Medically-ill inpatients who have alcohol or drug disorders are at greatly increased risk of rapid rehospitalization after discharge and greater healthcare use and costs.

Patients who have medical illnesses such as diabetes or cardiovascular disorders and who also have a substance use disorder use healthcare services two to three times more often than their peers with just diabetes or heart problems, and cost of care is similarly much higher.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BURGESS. I yield the gentleman from Pennsylvania an additional 1 minute.

Mr. COSTELLO of Pennsylvania. Finally, Mr. Speaker, untreated alcohol or drug use during pregnancy dramatically increases risk of poor birth outcomes, neonatal intensive care use and greater infant and maternal healthcare use. But treated as part of prenatal care, birth outcomes, infant and maternal health use and costs are no different from their non-substance-using peers. That is why support of this rule and support of H.R. 6082 is so important.

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

Just let me remind my colleagues again, because I think it is worth emphasizing, that no matter what we do in the next couple of days with these bills that are going to be before the House, they are rendered meaningless if the Republicans continue in their effort to cut Medicaid and to take away protections for people with preexisting conditions.

Substance use disorder is a preexisting condition and Republicans, working with the White House, are trying to eliminate that protection for people. I don't get it. It doesn't make sense. But we ought to make sure that we keep this debate in context and people know what is going on out there.

Mr. Speaker, I yield 6 minutes to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Speaker, I rise in opposition to this rule. Throughout the Energy and Commerce Committee's process writing opioid legislation, I have raised the issue that we need to be making investments in the full spectrum of our behavioral health system

in order to truly address the root causes and the results of the opioid epidemic.

While crisis and high-level inpatient care will always be necessary for a subset of the population, and we must ensure it is adequately funded, we cannot do so in a vacuum. We need to ensure that people also have access to adequate outpatient treatment and prevention services.

And while the opioid epidemic is front and center in all our minds, we cannot forget patients suffering from other substance use disorders. It is important that we do not unintentionally set up a discriminatory system that will be useless during the next epidemic, whatever that might be. We want our legislative efforts to both save lives today and to prevent epidemics like this one in the future.

States already have the option to work around outdated exclusions in IMD facilities. States like California are already doing so in a comprehensive way, taking into account the continuum of care for opioid and other substance use disorders.

If we are going to be spending an additional nearly $1 billion in the Medicaid program, we need to spend it wisely on expanding access to services, and not narrowly duplicating something that is already available.

Ever since the Excellence in Mental Health demonstration project passed into law in 2014, I have been fiercely advocating to expand the program.

The demonstration project, which I coauthored with my Republican colleague, Congressman LANCE, and my Senate colleagues, Senators STABENOW and BLUNT, certifies community behavioral health clinics, known as CCBHCs. The demonstration is currently about halfway through its 2-year period in eight States and already showing great success.

The National Council for Behavioral Health recently issued a report entitled, ''Bridging the Addiction Treatment Gap.'' It surveys CCBHCs operating in the Excellence Act demonstration States, and the results offer great hope.

First, the demonstration has enabled near-universal adoption of Medication Assisted Treatment, or MAT, for opioid use disorder. Ninety-two percent of certified clinics in the program are offering at least one type of FDA-approved MAT.

Second, 100 percent of CCBHCs have expanded the scope of addiction treatment services under the demonstration. For many clinics, this is the first time such services have been available in their communities, very often in medically-underserved areas.

Third, even while seeing more patients, two-thirds of surveyed CCBHCs have seen a decrease in patient wait times. After an initial call or referral, half of the clinics now offer same-day access to care, and four out of five can offer an appointment within a week or less.

Mr. Speaker, the Excellence Act is showing concrete results in terms of patient outcomes. In western New York State, more than 1,000 people in Erie County died of opioid overdoses over the last 5 years; 142 people lost their lives in 2016 alone.

At the same time, according to media reports, local police chiefs are reporting a 60 percent reduction in overdose calls in 2018. Authorities specifically credit a certified behavioral health clinic in the city of Buffalo that is providing medication assisted treatment for people battling opioid addiction within 24 to 48 hours after initial assessment.

We want to expand upon this success for certified community behavioral health clinics across the country by allowing Medicaid reimbursement on a larger scale. These clinics are the ones in people's neighborhoods and communities, the ones on the front lines of treating behavioral health and substance use disorder. If we do not build them up and integrate them with our health system, we will never achieve the full continuum of care that we are looking for.

Every time I have pushed for an expansion of the Excellence program in the Energy and Commerce Committee on funding legislation on the floor, I have been told that we don't have the dollars available.

However, today, we are talking about spending nearly $1 billion on something that is both redundant and, I believe, does not fully address the entire spectrum of care like the Excellence program has. That is why I offered an amendment to H.R. 5797, based on my bipartisan bill, H.R. 3931, and why I am here discussing this on the floor today.

Mr. Speaker, I urge my colleagues to consider funding community behavioral health clinics and outpatient treatment to help address the opioid epidemic. When you look back on what we have done to address this crisis, this will have more of a positive impact today and in the long term in comparison with the other proposals we are considering.

Mr. BURGESS. Mr. Speaker, I yield myself 1 minute.

I do want to remind everyone that 18 months ago, in the previous Congress, with the passage of the 21st Century Cures Act and the Comprehensive Addiction Recovery Act, CARA, $1 billion was made available for treating people with substance use disorder. That was then supplemented with the passage of the more recent appropriations bill last month—2 months ago, with $4 billion.

□ 1100

Unprecedented amounts of money have been made available in the last 18 months to combat this crisis.

And then, finally, it is very, very difficult to integrate care if you don't reform the 42 CFR part 2, which is before us today.

Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, again, none of what we are doing here today is going to matter if the Republicans and the Trump administration are successful in cutting Medicaid and in basically removing the guarantee that people who have preexisting conditions cannot be denied insurance.

I mean, if the Trump administration is successful, individuals with preexisting conditions all across the country, including individuals suffering from opioid use disorders, both in the individual and in the employer market, could face a denial of coverage or skyrocketing premiums beyond anything anybody could afford.

I don't get it. I don't understand the hypocrisy here. I know that the efforts here today are well intentioned and people are trying to do the right thing, but then you ruin it all when you gut the funding sources that help people deal with the treatment they need.

This has to stop.

I know some of my friends have ideological blinders on when it comes to anything that was passed during the Obama administration, but we have got to put the American people first, and this is a crisis that affects every single community in this country. If this administration is successful in what they are trying to do to undercut the ACA, then countless people will not have access to healthcare and will not have access to the treatment they need.

Mr. Speaker, our Nation is in the midst of a devastating opioid crisis that is spiraling out of control. Every day, more than 115 people in the United States die after overdosing on opioids, according to the National Institute on Drug Abuse. The Centers for Disease Control and Prevention has also found that opioids are responsible for 6 out of 10 overdose deaths in the United States.

The American people are in desperate need of strong action by Congress to stem the tide of the opioid scourge. We need serious public investment to quell this exploding crisis, not just legislation on the peripherals. We must direct resources to the States and local communities on the front lines of this devastating public health crisis where assistance is needed the most.

Mr. Speaker, I am going to ask my colleagues to defeat the previous question, and if we do, I will offer an amendment to bring up Representative LOEBSACK's legislation, H.R. 4501, the Combating the Opioid Epidemic Act. This bill would provide badly needed funding for State grants for the prevention, detection, surveillance, and treatment of opioid abuse.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Massachusetts?

There was no objection.

Mr. MCGOVERN. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. RUIZ).

Mr. RUIZ. Mr. Speaker, as an emergency medicine physician, I know firsthand what this devastating opioid crisis does to families, to individuals, to children, to parents. I have taken care of many who have come in overdosed, blue in the face, not breathing, many of which I have been resuscitated successfully and a few tragic losses along the way.

I know that many of them rely on being able to get the treatment whenever we are able to convince them to get treatment, but one of the biggest concerns that they have is: How much is this going to cost?

Many of them rely on Medicaid to be able to take advantage of some of the rehabilitation and the medication-assisted treatments that are offered to them. But, unfortunately, many of them, being uninsured, are unable to do so, and so then they repeat the cycle of abuse and misuse, and unfortunately, again, they present themselves overdosed in the emergency department.

I have an article here that sheds light on the importance of Medicaid. I bring Medicaid up because I feel like we are taking a few good steps forward in this opioid crisis, but we are missing the big picture when we have to defend Medicaid over and over again. Up to 45 percent of opioid-addicted patients rely on Medicaid to get their opioid rehab or misuse treatments to get back on steady footing.

There is an article here that I brought by Alana Sharp, et al., that was published in the May 2018 American Journal of Public Health, entitled: ''Impact of Medicaid Expansion on Access to Opioid Analgesic Medications and Medication-Assisted Treatment.''

Basically, by using Medicaid enrollment and reimbursement data from 2011 to 2016 in all States, they evaluated prescribing patterns of opioids and the three FDA-approved medications used in treating opioid use disorders by using two statistical models—I won't bore you with which ones they used—and they found that although opioid prescribing for Medicaid enrollees increased overall, they observed no difference between expansion and nonexpansion. These are States that expanded Medicaid.

By contrast, per enrollee rates of buprenorphine and naltrexone prescribed increased more than 200 percent after States expanded eligibility, meaning that States that expanded Medicaid increased medication-assisted treatments for opioid misuse disorders by 200 percent. That means it works. That means when people get Medicaid, they use their Medicaid insurance to help get off of their dependency on opioids.

In the States that did not expand Medicaid, only less than 50 percent expansion of use.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. MCGOVERN. Mr. Speaker, I yield an additional 2 minutes to the gentleman from California.

Mr. RUIZ. Mr. Speaker, the States that didn't expand their Medicaid enrollment, you saw that there continued to be a disparity of patients between those States and States that expanded their Medicaid in their ability to seek treatment.

So when we attempt to cut Medicaid in order to pay for the tax breaks we gave millionaires and billionaires, when we continue down that terrible path—or, I should say, government continues down that terrible path—to repeal the Medicaid expansion, which we must protect, then we are hurting patients. We are not providing them with tools that they need to get access to treatment.

The other big picture here is that mental health and emergency care payments are part of the essential health benefits. We have just passed experiences where we had to defend keeping these essential health benefits within the Affordable Care Act from being repealed.

We know that those patients who go to the emergency department at their last wits' end or that are suffering from overdose or severe side effects from misuse of the opioid medication, then they won't be covered if we repeal those essential health benefits.

And then, finally, having an addiction is a chronic condition. It is a mental health disorder with addiction characteristics, and this can be considered a preexisting illness.

We have States that are trying to repeal this through litigation. And when the government decides not to defend those protections for people with preexisting illnesses, they basically agree with those that want to repeal it and allow and facilitate the case to repeal those protections for preexisting illnesses. If that happens and if they are successful in doing so, that means that insurance companies can deny those who are addicted to opioids the insurance.

So I just want to keep the big picture in mind as we go forward that taking 2 steps forward doesn't justify taking 10 steps backwards.

Mr. BURGESS. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, the good news is that all forms of medication-assisted treatment are required for 5 years under H.R. 6. So I look forward to the gentleman's support when we get to the vote, and I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, today, we are on the floor discussing the opioid crisis. This is an epidemic that is plaguing every community in the country, and it is killing 115 people every single day. It is heartbreaking, and, quite frankly, I am ashamed it is taking Congress so long to act.

I would again point out that anything we do in the next few days and anything we have done gets erased if the Republicans succeed in cutting Medicaid and if the President succeeds in basically eliminating protections for people with preexisting conditions.

But, Mr. Speaker, I think it is also important that people know there is a lot of stuff going on this week, and we are also awaiting word from the House Republicans when the Rules Committee will have an emergency meeting, I guess today, on two immigration bills that were posted after 9 p.m. last night.

These bills were drafted without any Democratic input, and from what we can tell, they are dangerous and they are certainly not a comprehensive solution to immigration reform. They harm children, and they leave many Dreamers behind.

This is not what our constituents want us to do. They want the President to do what he could easily do and stop separating children from their parents.

The President says that he wants Democrats to come to the table, but we never get invited to anything. I tried to go and see the President yesterday when the Republicans were meeting with him, but I was not allowed to go into the room.

I tried to shout at the President as he was walking by, but he was quickly escorted by. I wanted to show him the pictures on the border of these young children who are being taken away from their parents.

The President continues to spread mistruths about immigration and practically every other issue that is before this Congress and before this Nation, and it seems just to be getting worse.

There are such things as facts. There are such things as truth.

Yesterday, The Washington Post published an article, entitled: ''President Trump Seems to be Saying More and More Things That Aren't True.'' Well, I would like to take a few minutes to read this article, because these aren't my words, Mr. Speaker. They are the words of The Washington Post, specifically, Ashley Parker, who wrote the piece.

If the President is watching, I think it is helpful for me to read because I know he doesn't read, so maybe he can hear this.

''He's done it on Twitter. He's done it in the White House driveway. And he's done it in a speech to a business group.

''President Trump, a man already known for trafficking in mistruths and even outright lies—has been outdoing himself with falsehoods in recent days, repeating and amplifying bogus claims on several of the most pressing controversies facing his Presidency.

''Since Saturday, Trump has tweeted false or misleading information at least seven times on the topic of immigration and at least six times on a Justice Department inspector general report into the FBI's handling of its investigation into Hillary Clinton's private email server. That is more than a

dozen obfuscations on just two central topics—a figure that does not include falsehoods on other issues, whether in tweets or public remarks.

''The false claims come as the President—emboldened by fewer disciplinarians inside the West Wing—indulges in frequent Twitter screeds. A Washington Post analysis found that in June, Trump has been tweeting at the fastest rate of his Presidency so far, an average of 11.3 messages per day.

''Inside the White House, aides and advisers say they believe the media is unwilling to give Trump a fair shot and is knee-jerk ready to accuse him of lying, even in cases where the facts support his point.

''The President often seeks to paint a self-serving and self-affirming alternate reality for himself and his supporters. Disparaging the 'fake news' media, Trump offers his own filter through which to view the world—offering a competing reality on issues including relationships forged (or broken) at the Group of Seven summit in Canada, the success of the Singapore summit with the North Koreans, and his administration's 'zero tolerance' policy on illegal immigration.

'' 'It's extraordinary how he is completely indifferent to the truth. There's just no relationship between his statements—anything he utters—and the actual truth of the matter,' said Thomas Murray, president emeritus of the Hastings Center, the founding institution in the field of bioethics. 'As far as I can tell, the best way to understand anything he says is what will best serve his interests in the moment. It's irrespective to any version of the truth.'

''According to an analysis by The Post's Fact Checker through the end of May, Trump has made 3,251 false or misleading claims in 497 days, an average of 6.5 such claims per day of his Presidency.''

□ 1115

''And within the past week, Trump seems to have ramped up both the volume and the intensity of his false statements on two of the most prominent topics currently facing his administration: the hardline immigration policy that has led to the separation of thousands of children from their parents—which Trump erroneously blames on others—and the 500-page inspector general report that he claims, incorrectly, exonerates him in special counsel Robert S. Mueller III's probe of Russian interference in the 2016 election.

''Bella DePaulo, a psychology researcher at the University of California Santa Barbara, said Trump's use of repetition is a particularly effective technique for convincing his supporters of the veracity of his false claims, in part because most people have a 'truth bias' or an initial inclination to accept what others say as true.

'' 'When liars repeat the same lie over and over again, they can get even more of an advantage, at least among those who want to believe them or are not all that motivated either way,' DePaulo said in an email. 'So when people hear the same lies over and over again—especially when they want to believe those lies—a kind of new reality can be created. What they've heard starts to seem like it is just obvious, and not something that needs to be questioned.'

''On immigration, Trump and many top administration officials have said that existing U.S. laws and court rulings have given them no choice but to separate families trying to cross illegally into the United States. But it is the administration's decision, announced in April, to prosecute all southern border crossings that has led to the separation of families.

''That hasn't stopped the President from blaming Democrats for his administration's decisions. 'Democrats are the problem,' Trump wrote in one tweet. In another, he was even more blunt: 'The Democrats are forcing the breakup of families at the border with their horrible and cruel legislative agenda. . . .' ''

Mr. Speaker, let me divert a little bit here. The truth is that the President caused this crisis, and it is not just me saying it and The Washington Post saying it. Listen to what some of the Republicans have said, LINDSEY GRAHAM said: ''President Trump could stop this policy with a phone call. I'll go tell him: If you don't like families being separated, you can tell DHS, 'Stop doing it.' ''

Senator JOHN MCCAIN: ''The administration's current family separation policy is an affront to the decency of the American people, and contrary to principles and values upon which our Nation was founded. The administration has the power to rescind this policy. It should do so now.''

Senator SUSAN COLLINS, former First Lady Laura Bush—and I can go on and on and on—a whole bunch of Republicans now are all agreeing with us that the President is not telling us the truth.

So let me go back to the article: ''While Congress could pass a legislative fix, Republicans control both the House and the Senate—making it disingenuous at best to finger the opposing party, as the President has repeatedly done.

''Speaking to the National Federation of Independent Business on Tuesday, Trump again falsely painted the humanitarian crisis as a binary choice. 'We can either release all illegal immigrant families and minors who show up at the border from Central America, or we can arrest the adults for the Federal crime of illegal entry,' he said. 'Those are the only two options.'

''On Twitter, the President twice in the past 4 days has singled out Germany as facing an increase in crime. 'Crime in Germany is up 10 percent-plus (officials do not want to report these crimes) since migrants were accepted,' Trump wrote. 'Others countries are even worse. Be smart, America.' ''

That is his tweet.

''In fact, the opposite is true. Reported crime in Germany was actually down by 10 percent last year and, according to German Interior Minister . . . the country's reported crime rate last year was actually at its lowest point in three decades.

''The President has also falsely claimed that the inspector general report 'exonerated' him from Mueller's probe, when the report did not delve into the Russia investigation. When he made this argument Friday during an impromptu press gaggle in the White House driveway, a reporter pressed him on the falsehood.

'' 'Sir, that has nothing to do with collusion,' the reporter said. 'Why are you lying about it, sir?' ''

The bottom line, Mr. Speaker, is, we have a President who has a problem with the truth, and Congress needs to stand up and do the right thing. We need to speak the truth; we need to embrace the truth; and we need to solve some of the issues that are before the American people.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

Mr. BURGESS. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I don't need to remind anyone that the lie of the year for 2012 was: If you like your doctor, you can keep your doctor—words that will ring through this body probably for the rest of time.

I want to read from the Statement of Administration Policy, back to the business at hand, the rule on the three bills that we are considering today. This is the Statement of Administration Policy: ''Addressing the opioid crisis has been a top priority of the President since day one, and the administration welcomes legislation that complements its efforts to end the opioid crisis. The administration strongly supports House passage of bipartisan bills to protect patients enrolled in Medicare and Medicaid, create targeted programs for at-risk populations, expand access to medication-assisted treatment for opioid use disorders, and provide resources for States and communities struggling to deal with the scale of the opioid crisis.''

The statement goes on, and it concludes: ''These initiatives represent bold, evidence-based steps to prevent and treat opioid abuse, and will help save the lives of countless Americans. The administration commends the House on taking up these important bills. . . . The administration supports House passage of H.R. 5797, H.R. 6082, and H.R. 6. . . .''

Mr. Speaker, today's rule provides for the consideration of these three important pieces of legislation aimed at

addressing the opioid crisis affecting so many of our fellow Americans.

H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act; H.R. 5797, the Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act; and H.R. 6082, the Overdose Prevention and Patient Safety Act, will all play a critical role in treating patients and providing Americans the tools to put the pieces of their lives back together again.

I commend Chairman WALDEN for his efforts on bringing so many Members of this body into the discussion and taking the many ideas offered by Members, incorporating them into the legislative products. The result of those efforts is a legislative trio that this entire body can be proud of, and this entire body can support.

I, therefore, urge my colleagues to support today's rule and the three underlying pieces of legislation.

The text of the material previously referred to by Mr. MCGOVERN is as follows:

AN AMENDMENT TO H. RES. 949 OFFERED BY MR. MCGOVERN

At the end of the resolution, add the following new sections:

SEC. 5. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 4501) to increase funding for the State response to the opioid misuse crisis and to provide funding for research on addiction and pain related to the substance misuse crisis. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 6. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 4501.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308–311), describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

The Republican majority may say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: ''Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.''

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: ''Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. MCGOVERN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

HOUR OF MEETING ON TOMORROW

Mr. BURGESS. Mr. Speaker, pursuant to clause 4 of rule XVI, I move that when the House adjourns on Wednesday, June 20, 2018, it adjourn to meet at 9 a.m. on Thursday, June 21, 2018, for morning-hour debate and 10 a.m. for legislative business.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. MCGOVERN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on the motion to fix the convening time will be followed by 5-minute votes on:

Ordering the previous question on House Resolution 949; and

Adopting House Resolution 949, if ordered.

The vote was taken by electronic device, and there were—yeas 222, nays 184, answered ''present'' 1, not voting 20, as follows:

[Roll No. 272]

YEAS—222

Abraham
Aderholt
Allen
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blackburn
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Coffman
Cole
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Curtis
Davis, Rodney
Denham
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Estes (KS)
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Frelinghuysen
Gaetz
Garrett
Gianforte
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamb
Lamborn
Lance
Latta
Lesko
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Newhouse
Noem
Norman
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis

Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Tipton
Trott
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—184

Adams
Aguilar
Amash
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Engel
Eshoo
Espaillat
Esty (CT)
Evans
Foster
Fudge
Gabbard
Gallego
Garamendi
Gomez
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Payne
Perlmutter
Peters
Peterson
Pingree
Pocan
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Smith (WA)
Soto
Speier
Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Velázquez
Visclosky
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Yarmuth

ANSWERED ''PRESENT''—1

Wilson (FL)

NOT VOTING—20

Black
Blum
Cheney
Collins (GA)
Collins (NY)
Davidson
Ellison
Frankel (FL)
Gallagher
Graves (MO)
Johnson, E. B.
Jordan
Kinzinger
Pelosi
Polis
Thompson (MS)
Thornberry
Turner
Vela
Walz

□ 1149

Ms. ESHOO changed her vote from ''yea'' to nay.''

So the motion was agreed to.

The result of the vote was announced as above recorded.

PROVIDING FOR CONSIDERATION OF H.R. 6, SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT FOR PATIENTS AND COMMUNITIES ACT; PROVIDING FOR CONSIDERATION OF H.R. 5797, INDIVIDUALS IN MEDICAID DESERVE CARE THAT IS APPROPRIATE AND RESPONSIBLE IN ITS EXECUTION ACT; AND PROVIDING FOR CONSIDERATION OF H.R. 6082, OVERDOSE PREVENTION AND PATIENT SAFETY ACT

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on the resolution (H. Res. 949) providing for consideration of the bill (H.R. 6) to provide for opioid use disorder prevention, recovery, and treatment, and for other purposes; providing for consideration of the bill (H.R. 5797) to amend title XIX of the Social Security Act to allow States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases; and providing for consideration of the bill (H.R. 6082) to amend the Public Health Service Act to protect the confidentiality of substance use disorder patient records, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 221, nays 185, not voting 21, as follows:

[Roll No. 273]

YEAS—221

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Blackburn
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Coffman
Cole
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Curtis
Davis, Rodney
Denham
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (TN)
Dunn
Emmer
Estes (KS)
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Frelinghuysen
Gaetz
Garrett
Gianforte
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lesko
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Newhouse
Noem
Norman
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Tipton
Trott
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—185

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Engel
Eshoo
Espaillat
Esty (CT)
Evans
Foster
Fudge
Gabbard
Gallego
Garamendi
Gomez
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Lamb
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Payne
Perlmutter
Peters
Peterson
Pingree
Pocan
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Smith (WA)
Soto
Speier

Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Velázquez
Visclosky
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—21

Bishop (UT)
Black
Blum
Cheney
Collins (GA)
Davidson
Duncan (SC)
Ellison
Frankel (FL)
Gallagher
Graves (MO)
Johnson, E. B.
Jordan
Kinzinger
Pelosi
Polis
Thompson (MS)
Thornberry
Turner
Vela
Walz

□ 1157

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. MCGOVERN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 225, noes 180, not voting 22, as follows:

[Roll No. 274]

AYES—225

Abraham
Aderholt
Allen
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blackburn
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Coffman
Cole
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Curtis
Davidson
Davis, Rodney
Denham
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Estes (KS)
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Frelinghuysen
Gaetz
Garrett
Gianforte
Gibbs
Gohmert
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamb
Lamborn
Lance
Latta
Lesko
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (FL)
Newhouse
Noem
Norman
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schneider
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Suozzi
Taylor
Tenney
Thompson (PA)
Tipton
Trott
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NOES—180

Adams
Aguilar
Amash
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Engel
Eshoo
Espaillat
Esty (CT)
Evans
Foster
Fudge
Gabbard
Gallego
Garamendi
Gomez
Gonzalez (TX)
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Jones
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Massie
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Payne
Perlmutter
Peters
Peterson
Pingree
Pocan
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sires
Smith (WA)
Soto
Speier
Swalwell (CA)
Takano
Thompson (CA)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Velázquez
Visclosky
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—22

Bergman
Black
Blum
Cheney
Collins (GA)
Ellison
Frankel (FL)
Gallagher
Graves (MO)
Johnson, E. B.
Jordan
Kinzinger
Pascrell
Pelosi
Polis
Rush
Sinema
Thompson (MS)
Thornberry
Turner
Vela
Walz

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1204

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. KINZINGER. Mr. Speaker, today, June 20, 2018, I was absent during the first vote series due to official business. Had I been present, I would have voted "Yea" on rollcall No. 272, "Yea" on rollcall No. 273, and "Yea" on rollcall No. 274.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote of the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

COORDINATED RESPONSE THROUGH INTERAGENCY STRATEGY AND INFORMATION SHARING ACT

Mr. MITCHELL. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5925) to codify provisions relating to the Office of National Drug Control, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5925

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Coordinated Response through Interagency Strategy and Information Sharing Act'' or the ''CRISIS Act''.

SEC. 2. OFFICE OF NATIONAL DRUG CONTROL.

(a) REDESIGNATION.—The Office of National Drug Control Policy shall be known as the ''Office of National Drug Control''.

(b) REFERENCES.—Any reference in any other Federal law, Executive order, rule, regulation, or delegation of authority, or any document of or relating to the Office of National Drug Control Policy is deemed to refer to the Office of National Drug Control.

(c) CODIFICATION.—Subtitle I of title 31, United States Code, is amended by adding at the end the following new chapter:

''CHAPTER 10—OFFICE OF NATIONAL DRUG CONTROL

''SUBCHAPTER I—OFFICE

''SUBCHAPTER I—OFFICE

''§ 1001. Definitions

''In this chapter:

''(1) AGENCY.—The term 'agency' has the meaning given the term 'executive agency' in section 102.

''(2) APPROPRIATE CONGRESSIONAL COMMITTEES.—

''(A) IN GENERAL.—The term 'appropriate congressional committees' means—

''(i) the Committee on the Judiciary, the Committee on Appropriations, the Committee on Health, Education, Labor, and Pensions, and the Caucus on International Narcotics Control of the Senate; and

''(ii) the Committee on Oversight and Government Reform, the Committee on the Judiciary, the Committee on Energy and Commerce, and the Committee on Appropriations of the House of Representatives.

''(B) SUBMISSION TO CONGRESS.—Any submission to Congress shall mean submission to the appropriate congressional committees.

''(3) DEMAND REDUCTION.—The term 'demand reduction' means any activity conducted by a National Drug Control Program Agency, other than an enforcement activity, that is intended to reduce or prevent the use of drugs or support or provide treatment and recovery efforts, including—

''(A) education about the dangers of illicit drug use;

''(B) services, programs, or strategies to prevent substance use disorder, including evidence-based education campaigns, community-based prevention programs, collection and disposal of unused prescription drugs, and services to at-risk populations to prevent or delay initial use of an illicit drug;

''(C) substance use disorder treatment;

''(D) illicit drug use research;

''(E) drug-free workplace programs;

''(F) drug testing, including the testing of employees;

''(G) interventions for illicit drug use and dependence;

''(H) expanding availability of access to health care services for the treatment of substance use disorders;

''(I) international drug control coordination and cooperation with respect to activities described in this paragraph;

''(J) pre- and post-arrest criminal justice interventions such as diversion programs, drug courts, and the provision of evidence-based treatment to individuals with substance use disorders who are arrested or under some form of criminal justice supervision, including medication assisted treatment;

''(K) other coordinated and joint initiatives among Federal, State, local, and Tribal agencies to promote comprehensive drug control strategies designed to reduce the demand for, and the availability of, illegal drugs;

''(L) international illicit drug use education, prevention, treatment, recovery, research, rehabilitation activities, and interventions for illicit drug use and dependence; and

''(M) research related to any of the activities described in this paragraph.

''(4) DIRECTOR.—The term 'Director' means the Director of the Office of National Drug Control.

''(5) DRUG.—The term 'drug' has the meaning given the term 'controlled substance' in section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)).

''(6) DRUG CONTROL.—The term 'drug control' means any activity conducted by a National Drug Control Program Agency involving supply reduction or demand reduction.

''(7) EMERGING DRUG THREAT.—The term 'emerging drug threat' means the occurrence of a new and growing trend in the use of an illicit drug or class of drugs, including rapid expansion in the supply of or demand for such drug.

''(8) ILLICIT DRUG USE; ILLICIT DRUGS; ILLEGAL DRUGS.—The terms 'illicit drug use', 'illicit drugs', and 'illegal drugs' include the illegal or illicit use of prescription drugs.

''(9) LAW ENFORCEMENT.—The term 'law enforcement' or 'drug law enforcement' means all efforts by a Federal, State, local, or Tribal government agency to enforce the drug laws of the United States or any State, including investigation, arrest, prosecution, and incarceration or other punishments or penalties.

''(10) NATIONAL DRUG CONTROL PROGRAM.—The term 'National Drug Control Program' means programs, policies, and activities undertaken by National Drug Control Program Agencies pursuant to the responsibilities of such agencies under the National Drug Control Strategy, including any activities involving supply reduction, demand reduction, or State, local, and Tribal affairs.

''(11) NATIONAL DRUG CONTROL PROGRAM AGENCY.—The term 'National Drug Control Program Agency' means any agency (or bureau, office, independent agency, board, division, commission, subdivision, unit, or other component thereof) that is responsible for implementing any aspect of the National Drug Control Strategy, including any agency that receives Federal funds to implement any aspect of the National Drug Control Strategy, but does not include any agency that receives funds for drug control activity solely under the National Intelligence Program or the Military Intelligence Program.

''(12) NATIONAL DRUG CONTROL STRATEGY; STRATEGY.—The term 'National Drug Control Strategy' or 'Strategy' means the strategy developed and submitted to Congress under section 1005.

''(13) NONPROFIT ORGANIZATION.—The term 'nonprofit organization' means an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code.

''(14) OFFICE.—The term 'Office' means the Office of National Drug Control.

''(15) STATE, LOCAL, AND TRIBAL AFFAIRS.—The term 'State, local, and Tribal affairs' means domestic activities conducted by a National Drug Control Program Agency that are intended to reduce the availability and use of illegal drugs, including—

''(A) coordination and enhancement of Federal, State, local, and Tribal law enforcement drug control efforts;

''(B) coordination and enhancement of efforts among National Drug Control Program Agencies and State, local, and Tribal demand reduction and supply reduction agencies;

''(C) coordination and enhancement of Federal, State, local, and Tribal law enforcement initiatives to gather, analyze, and disseminate information and law enforcement intelligence relating to drug control among domestic law enforcement agencies; and

''(D) other coordinated and joint initiatives among Federal, State, local, and Tribal agencies to promote comprehensive drug control strategies designed to reduce the demand for, and the availability of, illegal drugs.

''(16) SUBSTANCE USE DISORDER TREATMENT.—The term 'substance use disorder treatment' means an evidence-based, professionally directed, deliberate, and planned regimen including evaluation, observation, medical monitoring, and rehabilitative services and interventions such as pharmacotherapy, behavioral therapy, and individual and group counseling, on an inpatient or outpatient basis, to help patients with substance use disorder reach recovery.

''(17) SUPPLY REDUCTION.—The term 'supply reduction' means any activity or program conducted by a National Drug Control Program Agency that is intended to reduce the availability or use of illegal drugs in the United States or abroad, including—

''(A) law enforcement outside the United States;

''(B) domestic law enforcement;

''(C) source country programs, including economic development programs primarily intended to reduce the production or trafficking of illicit drugs;

''(D) activities to control international trafficking in, and availability of, illegal drugs, including—

''(i) accurate assessment and monitoring of international drug production and interdiction programs and policies; and

''(ii) coordination and promotion of compliance with international treaties relating to the production, transportation, or interdiction of illegal drugs;

''(E) activities to conduct and promote international law enforcement programs and policies to reduce the supply of drugs;

''(F) activities to facilitate and enhance the sharing of domestic and foreign intelligence information among National Drug Control Program Agencies, relating to the production and trafficking of drugs in the United States and in foreign countries;

''(G) activities to prevent the diversion of drugs for their illicit use; and

''(H) research related to any of the activities described in this paragraph.

''§ 1002. Office of National Drug Control

''(a) ESTABLISHMENT OF OFFICE.—There is established in the Executive Office of the President an Office of National Drug Control, which shall—

''(1) lead the national drug control effort, including coordinating with Nation Drug Control Program Agencies;

''(2) coordinate and oversee the implementation of the national drug control policy, including the National Drug Control Strategy;

''(3) assess and certify the adequacy of National Drug Control Programs and the budget for those programs;

''(4) monitor and evaluate the effectiveness of national drug control policy efforts, including the National Drug Control Program Agencies' programs, by developing and applying specific goals and performance measurements and tracking program-level spending;

''(5) identify and respond to emerging drug threats related to illicit drug use;

''(6) administer and evaluate grant programs in furtherance of the National Drug Control Strategy; and

''(7) facilitate broad-scale information sharing and data standardization among Federal, State, and local entities to support the national drug control efforts.

''(b) DIRECTOR OF NATIONAL DRUG CONTROL AND DEPUTY DIRECTOR.—

''(1) DIRECTOR.—

''(A) IN GENERAL.—There shall be at the head of the Office a Director who shall hold the same rank and status as the head of an executive department listed in section 101 of title 5.

''(B) APPOINTMENT.—The Director shall be appointed by the President, by and with the advice and consent of the Senate, and shall serve at the pleasure of the President.

''(2) DEPUTY DIRECTOR.—

''(A) IN GENERAL.—There shall be a Deputy Director who shall report directly to the Director, be appointed by the President, and serve at the pleasure of the President.

''(B) RESPONSIBILITIES.—The Deputy Director shall—

''(i) carry out the responsibilities delegated by the Director; and

''(ii) be responsible for effectively coordinating with the each Coordinator established under this chapter.

''(c) RESPONSIBILITIES.—

''(1) POLICIES, GOALS, OBJECTIVES, AND PRIORITIES.—The Director shall assist the President in directing national drug control efforts, including establishing policies, goals, objectives, and priorities for the National Drug Control Program that are based on evidence-based research.

''(2) CONSULTATION.—To formulate the National Drug Control policies, goals, objectives, and priorities, the Director—

''(A) shall consult with—

''(i) State and local governments;

''(ii) National Drug Control Program Agencies;

''(iii) each committee, working group, council, or other entity established under this chapter, as appropriate;

''(iv) the public;

''(v) appropriate congressional committees; and

''(vi) any other person in the discretion of the Director; and

''(B) may—

''(i) establish advisory councils;

''(ii) acquire data from agencies; and

''(iii) request data from any other entity.

''§ 1003. Administration of the Office

''(a) EMPLOYMENT.—

''(1) AUTHORITY OF THE DIRECTOR.—The Director may select, appoint, employ, and fix compensation of such officers and employees of the Office as may be necessary to carry out the functions of the Office under this chapter.

''(2) PROHIBITIONS.—

''(A) GENERALLY.—No person shall serve as Director or Deputy Director while serving in any other position in the Federal Government.

''(B) PROHIBITION ON POLITICAL CAMPAIGNING.—Any officer or employee of the Office who is appointed to that position by the President, by and with the advice and consent of the Senate, may not participate in Federal election campaign activities, except that such officer or employee is not prohibited by this subparagraph from making contributions to individual candidates.

''(b) PROHIBITION ON THE USE OF FUNDS FOR POLITICAL CAMPAIGNS OR BALLOT INITIATIVES.—No funds authorized under this chapter may be obligated for the purpose of influencing any Federal, State, or local election or ballot initiative.

''(c) PERSONNEL DETAILED TO OFFICE.—

''(1) EVALUATIONS.—Notwithstanding any provision of chapter 43 of title 5, the Director shall perform the evaluation of the performance of any employee detailed to the Office for purposes of the applicable performance appraisal system established under such chapter for any rating period, or part thereof, that such employee is detailed to the Office.

''(2) COMPENSATION.—

''(A) BONUS PAYMENTS.—Subject to the availability of appropriations, the Director may provide periodic bonus payments to any employee detailed to the Office.

''(B) RESTRICTIONS.—An amount paid under this paragraph to an employee for any period—

''(i) shall not be greater than 20 percent of the basic pay paid or payable to such employee for such period; and

''(ii) shall be in addition to the basic pay of such employee.

''(C) AGGREGATE AMOUNT.—The aggregate amount paid during any fiscal year to an employee detailed to the Office as basic pay, awards, bonuses, and other compensation shall not exceed the annual rate payable at the end of such fiscal year for positions at level III of the Executive Schedule.

''(d) CONGRESSIONAL ACCESS TO INFORMATION.—The location of the Office in the Executive Office of the President shall not be construed as affecting access by Congress, or any committee of the House of Representatives or the Senate, to any—

''(1) information, document, or study in the possession of, or conducted by or at the direction of the Director; or

''(2) personnel of the Office.

''(e) OTHER AUTHORITIES OF THE DIRECTOR.—In carrying out this chapter, the Director may—

''(1) use for administrative purposes, on a reimbursable basis, the available services, equipment, personnel, and facilities of Federal, State, and local agencies;

''(2) procure the services of experts and consultants in accordance with section 3109 of title 5 relating to appointments in the Federal Service, at rates of compensation for individuals not to exceed the daily equivalent of the rate of pay payable under level IV of the Executive Schedule under section 5311 of such title; and

''(3) use the mails in the same manner as any other agency.

''(f) GENERAL SERVICES ADMINISTRATION.—The Administrator of General Services shall provide to the Director, on a reimbursable basis, such administrative support services as the Director may request.

''§ 1004. National drug control program budget

''(a) BUDGET RECOMMENDATIONS.—Not later than July 1 of each year, the Director shall provide to the head of each National Drug Control Program Agency budget recommendations, including requests for specific initiatives that are consistent with the priorities of the President under the National Drug Control Strategy, which shall—

''(1) apply to the budget for the next fiscal year scheduled for formulation under chapter 11, and each of the 4 subsequent fiscal years; and

''(2) address funding priorities developed in the National Drug Control Strategy.

''(b) RESPONSIBILITIES OF NATIONAL DRUG CONTROL PROGRAM AGENCIES.—

''(1) IN GENERAL.—For each fiscal year, the head of each National Drug Control Program Agency shall transmit to the Director a copy of the proposed drug control budget request of such agency at the same time as that budget request is submitted to their superiors (and before submission to the Office of Management and Budget) in the preparation of the budget of the President submitted to Congress under section 1105(a).

''(2) SUBMISSION OF DRUG CONTROL BUDGET REQUESTS.—The head of each National Drug Control Program Agency shall ensure timely development and submission to the Director of each proposed drug control budget request transmitted pursuant to this subsection, in such format as may be designated by the Director with the concurrence of the Director of the Office of Management and Budget.

''(3) CONTENT OF DRUG CONTROL BUDGET REQUESTS.—A drug control budget request submitted by the head of a National Drug Control Program Agency under this subsection shall include all requests for funds for any drug control activity undertaken by such agency, including demand reduction, supply reduction, and State, local, and Tribal affairs, including any drug law enforcement activities. If an activity has both drug control and nondrug control purposes or applications, such agency shall estimate by a documented calculation the total funds requested for that activity that would be used for drug control, and shall set forth in its request the basis and method for making the estimate.

''(c) REVIEW AND CERTIFICATION OF BUDGET REQUESTS AND BUDGET SUBMISSIONS OF NATIONAL DRUG CONTROL PROGRAM AGENCIES.—

''(1) IN GENERAL.—The Director shall review each drug control budget request submitted to the Director under subsection (b).

''(2) REVIEW OF BUDGET REQUESTS.—

''(A) INADEQUATE REQUESTS.—If the Director concludes that a budget request submitted under subsection (b) is inadequate, in whole or in part, to implement the objectives of the National Drug Control Strategy with respect to the agency or program at issue for the year for which the request is submitted, the Director shall submit to the head of the applicable National Drug Control Program Agency a written description identifying the funding levels and specific initiatives that would, in the determination of the Director, make the request adequate to implement those objectives.

''(B) ADEQUATE REQUESTS.—If the Director concludes that a budget request submitted under subsection (b) is adequate to implement the objectives of the National Drug Control Strategy with respect to the agency or program at issue for the year for which the request is submitted, the Director shall submit to the head of the applicable National Drug Control Program Agency a written statement confirming the adequacy of the request.

''(C) RECORD.—The Director shall maintain a record of each description submitted under subparagraph (A) and each statement submitted under subparagraph (B).

''(3) SPECIFIC REQUESTS.—The Director shall not confirm the adequacy of any budget request that requests a level of funding that will not enable achievement of the goals of the National Drug Control Strategy, including—

''(A) requests funding for Federal law enforcement activities that do not adequately compensate for transfers of drug enforcement resources and personnel to law enforcement and investigation activities;

''(B) requests funding for law enforcement activities on the borders of the United States that do not adequately direct resources to drug interdiction and enforcement;

''(C) requests funding for substance use disorder treatment activities that do not provide adequate results and accountability measures;

''(D) requests funding for substance use disorder treatment activities that do not adequately support and enhance Federal substance use disorder programs and capacity; and

''(E) requests funding for the operations and management of the Department of Homeland Security that does not include a specific request for funds for the Office of Counternarcotics Enforcement to carry out its responsibilities under section 878 of the Homeland Security Act of 2002 (6 U.S.C. 458).

''(4) AGENCY RESPONSE.—

''(A) IN GENERAL.—The head of a National Drug Control Program Agency that receives a description under paragraph (2)(A) shall include the funding levels and initiatives described by the Director in the budget submission for that agency to the Office of Management and Budget.

''(B) IMPACT STATEMENT.—The head of a National Drug Control Program Agency that has altered its budget submission under this paragraph shall include as an appendix to the budget submission for that agency to the Office of Management and Budget an impact statement that summarizes—

''(i) the changes made to the budget under this paragraph; and

''(ii) the impact of those changes on the ability of that agency to perform its other responsibilities, including any impact on specific missions or programs of the agency.

''(C) CONGRESSIONAL NOTIFICATION.—The head of a National Drug Control Program Agency shall submit a copy of any impact statement under subparagraph (B) to the Senate, the House of Representatives, and the appropriate congressional committees, at the time the budget for that agency is submitted to Congress under section 1105(a).

''(5) CERTIFICATION OF BUDGET SUBMISSIONS.—

''(A) IN GENERAL.—At the time the head of a National Drug Control Program Agency submits its budget request to the Office of Management and Budget, the head of the National Drug Control Program Agency shall submit a copy of the budget request to the Director.

''(B) REVIEW AND CERTIFICATION OF SUBMISSIONS.—The Director shall review each budget submission submitted under subparagraph (A) and submit to the appropriate congressional committees one of the following:

''(i) A written certification of the budget submission for the agency indicating such request fully funds the National Drug Control Programs as necessary to achieve the goals of the National Drug Control Strategy, including a written statement explaining the basis for the determination that the budget submission provides sufficient resources for the agency to achieve the goals of the Strategy.

''(ii) A written certification of the budget submission for the agency indicating such request partially funds the National Drug Control Programs as necessary to achieve the goals of the Strategy, including a written statement explaining the basis for the determination to certify the budget submission and identifying the level of funding sufficient to achieve the goals of the Strategy.

''(iii) A written decertification of the budget submission for the agency indicating the Director is unable to determine whether such budget submission for the agency fully funds or partially funds the National Drug Control Programs as necessary to achieve the goals of the National Drug Control Strategy, including a written statement identifying the additional information necessary for the Director to make a determination on such budget submission and the level of funding sufficient to achieve the goals of the Strategy.

''(iv) A written decertification of the budget submission for the agency indicating that such budget is insufficient to fund the National Drug Control Programs as necessary to achieve the goals of the Strategy, including a written statement explaining the basis for the determination that the budget is insufficient and identifying the level of funding sufficient to achieve the goals of the Strategy.

''(d) NATIONAL DRUG CONTROL PROGRAM BUDGET PROPOSAL.—For each fiscal year, following the transmission of proposed drug control budget requests to the Director under subsection (b), the Director shall, in consultation with the head of each National Drug Control Program Agency and the head of each major national organization that represents law enforcement officers, agencies, or associations—

''(1) develop a consolidated National Drug Control Program budget proposal designed to implement the National Drug Control Strategy and to inform Congress and the public about the total amount proposed to be spent on all supply reduction, demand reduction, State, local, and Tribal affairs, including any drug law enforcement, and other drug control activities by the Federal Government, which shall conform to the content requirements set forth in subsection (b)(3) and include—

''(A) for each National Drug Control Program Agency, a list of whether the funding level is full, partial, or insufficient to achieve the goals of the National Drug Control Strategy or whether the Director is unable to make such determination;

''(B) a statement describing the extent to which any budget of a National Drug Control Program Agency with less than full funding hinders progress on achieving the goals of the National Drug Control Strategy; and

''(C) alternative funding structures that could improve progress on achieving the goals of the National Drug Control Strategy; and

''(2) submit the consolidated budget proposal to the President and Congress.

''(e) BUDGET ESTIMATE OR REQUEST SUBMISSION TO CONGRESS.—Whenever the Director submits any budget estimate or request to the President or the Office of Management and Budget, the Director shall concurrently transmit to the appropriate congressional committees a detailed statement of the budgetary needs of the Office to execute its mission based on the good-faith assessment of the Director.

''(f) REPROGRAMMING AND TRANSFER REQUESTS.—

''(1) IN GENERAL.—No National Drug Control Program Agency shall submit to Congress a reprogramming or transfer request with respect to any amount of appropriated funds in an amount exceeding $1,000,000 that is included in the National Drug Control Program budget unless the request has been approved by the Director. If the Director has not responded to a request for reprogramming subject to this paragraph within 30 days after receiving notice of the request having been made, the request shall be deemed approved by the Director under this paragraph and forwarded to Congress.

''(2) APPEAL.—The head of any National Drug Control Program Agency may appeal to the President any disapproval by the Director of a reprogramming or transfer request under this subsection.

''§ 1005. National drug control strategy

''(a) IN GENERAL.—

''(1) STATEMENT OF DRUG POLICY PRIORITIES.—The Director shall release a statement of drug control policy priorities in the calendar year of a Presidential inauguration following the inauguration but not later than April 1.

''(2) NATIONAL DRUG CONTROL STRATEGY SUBMITTED BY THE PRESIDENT.—Not later than the first Monday in February following the year in which the term of the President commences, the President shall submit to Congress a National Drug Control Strategy.

''(b) DEVELOPMENT OF THE NATIONAL DRUG CONTROL STRATEGY.—

''(1) PROMULGATION.—The Director shall promulgate the National Drug Control Strategy, which shall set forth a comprehensive plan to reduce illicit drug use and the consequences of such illicit drug use in the United States by limiting the availability of and reducing the demand for illegal drugs and promoting prevention, early intervention, treatment, and recovery support for individuals with substance use disorders.

''(2) STATE AND LOCAL COMMITMENT.—The Director shall seek the support and commitment of State, local, and Tribal officials in the formulation and implementation of the National Drug Control Strategy.

''(3) STRATEGY BASED ON EVIDENCE.—The Director shall ensure the National Drug Control Strategy is based on the best available medical and scientific evidence regarding the policies that are most effective in reducing the demand for and supply of illegal drugs.

''(4) PROCESS FOR DEVELOPMENT AND SUBMISSION OF NATIONAL DRUG CONTROL STRATEGY.—In developing and effectively implementing the National Drug Control Strategy, the Director—

''(A) shall consult with—

''(i) the heads of the National Drug Control Program Agencies;

''(ii) each Coordinator established under this chapter;

''(iii) the Interdiction Committee, the Treatment Committee, and the Emerging Threats Task Force;

''(iv) the appropriate congressional committees and any other committee of jurisdiction;

''(v) State, local, and Tribal officials;

''(vi) private citizens and organizations, including community and faith-based organizations, with experience and expertise in demand reduction;

''(vii) private citizens and organizations with experience and expertise in supply reduction; and

''(viii) appropriate representatives of foreign governments; and

''(B) in satisfying the requirements of subparagraph (A), shall ensure, to the maximum extent possible, that State, local, and Tribal officials and relevant private organizations commit to support and take steps to achieve the goals and objectives of the National Drug Control Strategy.

''(c) CONTENTS OF THE NATIONAL DRUG CONTROL STRATEGY.—

''(1) IN GENERAL.—The National Drug Control Strategy submitted under subsection (a)(2) shall include the following:

''(A) A description of the current prevalence of illicit drug use in the United States, including both the availability of illicit drugs and the prevalence of substance use disorders, which shall include the following:

''(i) Such description for the previous three years for any drug identified as an emerging threat under section 1009 and any other illicit drug identified by the Director as having a significant impact on the prevalence of illicit drug use.

''(ii) A summary of the data and trends presented in the Drug Control Data Dashboard required under section 1013.

''(B) A mission statement detailing the major functions of the National Drug Control Program.

''(C) A list of comprehensive, research-based, long-range, quantifiable goals for reducing illicit drug use, including—

''(i) the percentage of the total flow of illicit drugs to be interdicted during the time period covered by the Strategy; and

''(ii) the number of individuals to receive substance use disorder treatment.

''(D) A description of how each goal established under subparagraph (C) will be achieved, including for each goal—

''(i) a list of each relevant National Drug Control Program Agency and each such agency's related programs, activities, and available assets and the role of each such program, activity, and asset in achieving such goal;

''(ii) a list of relevant stakeholders and each such stakeholder's role in achieving such goal;

''(iii) an estimate of Federal funding and other resources needed to achieve such goal;

''(iv) a list of each existing or new coordinating mechanism needed to achieve such goal; and

''(v) a description of the Office's role in facilitating the achievement of such goal.

''(E) For each year covered by the Strategy, a performance evaluation plan for each goal established under subparagraph (C) for each National Drug Control Program Agency, including—

''(i) specific performance measures for each National Drug Control Program Agency and each such agency's related programs and activities;

''(ii) annual and, to the extent practicable, quarterly objectives and targets for each performance measure; and

''(iii) an estimate of Federal funding and other resources needed to achieve each performance objective and target.

''(F) A list identifying existing data sources or a description of data collection needed to evaluate performance, including a description of how the Director will obtain such data.

''(G) A list of any anticipated challenges to achieving the National Drug Control Strategy goals and planned actions to address such challenges.

''(H) A description of how each goal established under subparagraph (C) was determined, including—

''(i) a description of each required consultation and a description of how such consultation was incorporated;

''(ii) data, research, or other information used to inform the determination to establish the goal; and

''(iii) for any goal established under subparagraph (C)(i), a statement of whether the goal will be adequate to disrupt drug trafficking organizations that supply the majority of foreign-sourced illicit drugs trafficked into the United States.

''(I) A 5-year projection for program and budget priorities.

''(J) A review of international, State, local, and private sector drug control activities to ensure that the United States pursues coordinated and effective drug control at all levels of government.

''(K) Such statistical data and information as the Director considers appropriate to demonstrate and assess trends relating to illicit drug use, the effects and consequences of illicit drug use (including the effects on children), supply reduction, demand reduction, drug-related law enforcement, and the implementation of the National Drug Control Strategy.

''(2) ADDITIONAL STRATEGIES.—

''(A) IN GENERAL.—The Director shall include in the National Drug Control Strategy the additional strategies described under this paragraph and shall comply with the following:

''(i) Provide a copy of the additional strategies to the appropriate congressional committees and to the Committee on Armed Services and the Committee on Homeland Security of the House of Representatives, and the Committee on Homeland Security and Governmental Affairs and the Committee on Armed Services of the Senate.

''(ii) Issue the additional strategies in consultation with the head of each relevant National Drug Control Program Agency, any relevant official of a State, local, or Tribal government, and the government of other relevant countries.

''(iii) Not change any existing agency authority or construe any strategy described under this paragraph to amend or modify any law governing interagency relationship but may include recommendations about changes to such authority or law.

''(iv) Present separately from the rest of any strategy described under this paragraph any information classified under criteria established by an Executive order, or whose public disclosure, as determined by the Director or the head of any relevant National Drug Control Program Agency, would be detrimental to the law enforcement or national security activities of any Federal, State, local, or Tribal agency.

''(B) REQUIREMENT FOR SOUTHWEST BORDER COUNTERNARCOTICS.—

''(i) PURPOSES.—The Southwest Border Counternarcotics Strategy shall—

''(I) set forth the Government's strategy for preventing the illegal trafficking of drugs across the international border between the United States and Mexico, including through ports of entry and between ports of entry on that border;

''(II) state the specific roles and responsibilities of the relevant National Drug Control Program Agencies for implementing that strategy; and

''(III) identify the specific resources required to enable the relevant National Drug Control Program Agencies to implement that strategy.

''(ii) SPECIFIC CONTENT RELATED TO DRUG TUNNELS BETWEEN THE UNITED STATES AND MEXICO.—The Southwest Border Counternarcotics Strategy shall include—

''(I) a strategy to end the construction and use of tunnels and subterranean passages that cross the international border between the United States and Mexico for the purpose of illegal trafficking of drugs across such border; and

''(II) recommendations for criminal penalties for persons who construct or use such a tunnel or subterranean passage for such a purpose.

''(C) REQUIREMENT FOR NORTHERN BORDER COUNTERNARCOTICS STRATEGY.—

''(i) PURPOSES.—The Northern Border Counternarcotics Strategy shall—

''(I) set forth the strategy of the Federal Government for preventing the illegal trafficking of drugs across the international border between the United States and Canada, including through ports of entry and between ports of entry on the border;

''(II) state the specific roles and responsibilities of each relevant National Drug Control Program Agency for implementing the strategy;

''(III) identify the specific resources required to enable the relevant National Drug Control Program Agencies to implement the strategy;

''(IV) be designed to promote, and not hinder, legitimate trade and travel; and

''(V) reflect the unique nature of small communities along the international border between the United States and Canada, ongoing cooperation and coordination with Canadian law, enforcement authorities, and variations in the volumes of vehicles and pedestrians crossing through ports of entry along the international border between the United States and Canada.

''(ii) SPECIFIC CONTENT RELATED TO CROSS-BORDER INDIAN RESERVATIONS.—The Northern Border Counternarcotics Strategy shall include—

''(I) a strategy to end the illegal trafficking of drugs to or through Indian reservations on or near the international border between the United States and Canada; and

''(II) recommendations for additional assistance, if any, needed by Tribal law enforcement agencies relating to the strategy, including an evaluation of Federal technical and financial assistance, infrastructure capacity building, and interoperability deficiencies.

''(3) CLASSIFIED INFORMATION.—Any contents of the National Drug Control Strategy that involve information properly classified under criteria established by an Executive order shall be presented to Congress separately from the rest of the National Drug Control Strategy.

''(4) SELECTION OF DATA AND INFORMATION.—In selecting data and information for inclusion in the Strategy, the Director shall ensure—

''(A) the inclusion of data and information that will permit analysis of current trends against previously compiled data and information where the Director believes such analysis enhances long-term assessment of the National Drug Control Strategy; and

''(B) the inclusion of data and information to permit a standardized and uniform assessment of the effectiveness of drug treatment programs in the United States.

''(d) ANNUAL PERFORMANCE SUPPLEMENT.—Not later than the first Monday in February of each year following the year in which the National Drug Control Strategy is submitted pursuant to subsection (a)(2), the Director shall submit to the appropriate congressional committees a supplement to the Strategy that shall include—

''(1) annual and, to the extent practicable, quarterly quantifiable and measurable objectives and specific targets to accomplish long-term quantifiable goals specified in the Strategy; and

''(2) for each year covered by the Strategy, a performance evaluation plan for each goal listed in the Strategy for each National Drug Control Program Agency, including—

''(A) specific performance measures for each National Drug Control Program Agency and each such agency's related programs and activities;

''(B) annual and, to the extent practicable, quarterly objectives and targets for each performance measure; and

''(C) an estimate of Federal funding and other resources needed to achieve each performance objective and target.

''(e) SUBMISSION OF REVISED STRATEGY.—

''(1) IN GENERAL.—The President may submit to Congress a revised National Drug Control Strategy that meets the requirements of this section—

''(A) at any time, upon a determination of the President, in consultation with the Director, that the National Drug Control Strategy in effect is not sufficiently effective; or

''(B) if a new President or Director takes office.

''(2) NO SUBMISSION .—In each year the President does not submit a National Drug Control Strategy or a revised National Drug Control Strategy, the Director shall evaluate the efficacy and appropriateness of the goals of the National Drug Control Strategy and include a statement affirming the adequacy of the goals in the performance supplement under subsection (d).

''(f) FAILURE OF PRESIDENT TO SUBMIT NATIONAL DRUG CONTROL STRATEGY.—If the President does not submit a National Drug Control Strategy to Congress in accordance with subsection (a)(2), not later than five days after the first Monday in February following the year in which the term of the President commences, the President shall

send a notification to the appropriate congressional committees—

''(1) explaining why the Strategy was not submitted; and

''(2) specifying the date by which the Strategy will be submitted.

''§ 1006. Development of an annual national drug control assessment

''(a) TIMING.—Not later than the first Monday in February of each year, the Director shall submit to the President, Congress, and the appropriate congressional committees, a report assessing the progress of each National Drug Control Program Agency toward achieving each goal, objective, and target contained in the National Drug Control Strategy applicable to the prior fiscal year.

''(b) PROCESS FOR DEVELOPMENT OF THE ANNUAL ASSESSMENT.—Not later than November 1 of each year, the head of each National Drug Control Program Agency shall submit, in accordance with guidance issued by the Director, to the Director an evaluation of progress by the agency with respect to the National Drug Control Strategy goals using the performance measures for the agency developed under this chapter, including progress with respect to—

''(1) success in achieving the goals of the National Drug Control Strategy;

''(2) success in reducing domestic and foreign sources of illegal drugs;

''(3) success in expanding access to and increasing the effectiveness of substance use disorder treatment;

''(4) success in protecting the borders of the United States (and in particular the Southwestern border of the United States) from penetration by illegal narcotics;

''(5) success in reducing crime associated with drug use in the United States;

''(6) success in reducing the negative health and social consequences of drug use in the United States; and

''(7) implementation of substance use disorder treatment and prevention programs in the United States and improvements in the adequacy and effectiveness of such programs.

''(c) CONTENTS OF THE ANNUAL ASSESSMENT.—The Director shall include in the annual assessment required under subsection (a)—

''(1) a summary of each evaluation received by the Director under subsection (b);

''(2) a summary of the progress of each National Drug Control Program Agency toward the National Drug Control Strategy goals of the agency using the performance measures for the agency developed under this chapter;

''(3) an assessment of the effectiveness of each National Drug Control Program Agency and program in achieving the National Drug Control Strategy for the previous year, including a specific evaluation of whether the applicable goals, measures, objectives, and targets for the previous year were met;

''(4) for each National Drug Control Program Agency that administers grant programs, an evaluation of the effectiveness of each grant program, including an accounting of the funds disbursed by the program in the prior year and a summary of how those funds were used by the grantees and sub-grantees during that period;

''(5) a detailed accounting of the amount of funds obligated by each National Drug Control Program Agency in carrying out the responsibilities of that agency under the Strategy;

''(6) an assessment of the effectiveness of any Emerging Threat Response Plan in effect for the previous year, including a specific evaluation of whether the objectives and targets were met and reasons for the success or failure of the previous year's plan;

''(7) a detailed accounting of the amount of funds obligated during the previous fiscal year for carrying out the campaign under section 1009(d), including each recipient of funds, the purpose of each expenditure, the amount of each expenditure, any available outcome information, and any other information necessary to provide a complete accounting of the funds expended; and

''(8) the assessments required under this subsection shall be based on the Performance Measurement System describe in subsection (d).

''(d) PERFORMANCE MEASUREMENT SYSTEM.—The Director shall include in the annual assessment required under subsection (a) a national drug control performance measurement system, that—

''(1) develops annual, 2-year, and 5-year performance measures, objectives, and targets for each National Drug Control Strategy goal and objective established for reducing drug use, availability, and the consequences of drug use;

''(2) describes the sources of information and data that will be used for each performance measure incorporated into the performance measurement system;

''(3) identifies major programs and activities of the National Drug Control Program Agencies that support the goals and annual objectives of the National Drug Control Strategy;

''(4) evaluates the contribution of demand reduction and supply reduction activities implemented by each National Drug Control Program Agency in support of the National Drug Control Strategy;

''(5) monitors consistency between the drug-related goals, measures, targets, and objectives of the National Drug Control Program Agencies and ensures that each agency's goals and budgets support, and are fully consistent with, the National Drug Control Strategy; and

''(6) coordinates the development and implementation of national drug control data collection and reporting systems to support policy formulation and performance measurement, including an assessment of—

''(A) the quality of current drug use measurement instruments and techniques to measure supply reduction and demand reduction activities;

''(B) the adequacy of the coverage of existing national drug use measurement instruments and techniques to measure the illicit drug user population and groups that are at risk for illicit drug use;

''(C) the adequacy of the coverage of existing national treatment outcome monitoring systems to measure the effectiveness of substance use disorder treatment in reducing illicit drug use and criminal behavior during and after the completion of substance use disorder treatment; and

''(D) the actions the Director shall take to correct any deficiencies and limitations identified pursuant to subparagraphs (A), (B), and (C).

''(e) MODIFICATIONS.—A description of any modifications made during the preceding year to the national drug performance measurement system described in subsection (d) shall be included in each report submitted under subsection (a).

''(f) ANNUAL REPORT ON CONSULTATION.—The Director shall include in the annual assessment required under subsection (a)—

''(1) a detailed description of how the Office has consulted with and assisted State, local, and Tribal governments with respect to the formulation and implementation of the National Drug Control Strategy and other relevant issues; and

''(2) a general review of the status of, and trends in, demand reduction activities by private sector entities and community-based organizations, including faith-based organizations, to determine their effectiveness and the extent of cooperation, coordination, and mutual support between such entities and organizations and Federal, State, local, and Tribal government agencies.

''(g) PERFORMANCE-BUDGET COORDINATOR.—

''(1) DESIGNATION.—The Director shall designate or appoint a United States Performance-Budget Coordinator to—

''(A) ensure the Director has sufficient information necessary to analyze the performance of each National Drug Control Program Agency, the impact Federal funding has had on the goals in the Strategy, and the likely contributions to the goals of the Strategy based on funding levels of each National Drug Control Program Agency, to make an independent assessment of the budget request of each agency under section 1004;

''(B) advise the Director on agency budgets, performance measures and targets, and additional data and research needed to make informed policy decisions under sections 1004 and 1005; and

''(C) other duties as may be determined by the Director with respect to measuring or assessing performance or agency budgets.

''(2) DETERMINATION OF POSITION.—The Director shall determine whether the coordinator position is a noncareer appointee in the Senior Executive Service or a career appointee at the GS–15 level (or equivalent) or above.

''§ 1007. Monitoring and evaluation of national drug control program

''(a) IN GENERAL.—The Director shall monitor implementation of the National Drug Control Program and the activities of the National Drug Control Program Agencies in carrying out the goals and objectives of the National Drug Control Strategy including—

''(1) conducting program and performance audits and evaluations; and

''(2) requesting assistance from the Inspector General of the relevant agency in such audits and evaluations.

''(b) ACCOUNTING OF FUNDS EXPENDED.—(1) Not later than February 1 of each year, in accordance with guidance issued by the Director, the head of each National Drug Control Program Agency shall submit to the Director a detailed accounting of all funds expended by the agency for National Drug Control Program activities during the previous fiscal year and shall ensure such detailed accounting is authenticated for the previous fiscal year by the Inspector General for such agency prior to the submission to the Director as frequently as determined by the Inspector General but not less frequently that every three years.

''(2) The Director shall submit to Congress not later than April 1 of each year the information submitted to the Director under paragraph (1).

''(c) NOTIFICATION.—The Director shall notify any National Drug Control Program Agency if its activities are not in compliance with the responsibilities of the agency under the National Drug Control Strategy, transmit a copy of each such notification to the President and the appropriate congressional committees, and maintain a copy of each such notification.

''(d) RECOMMENDATIONS.—The Director shall make such recommendations to the President and the appropriate congressional committees as the Director determines are appropriate regarding changes in the organization, management, and budgets of the National Drug Control Program Agencies, and changes in the allocation of personnel to and within those agencies, to implement the policies, goals, objectives, and priorities established under section 1002(c)(1) and the National Drug Control Strategy.

''(e) AUTHORIZATION, DEVELOPMENT, AND IMPLEMENTATION OF A COORDINATED TRACKING SYSTEM.—

''(1) ESTABLISHMENT.—The Director shall establish a coordinated tracking system of federally-funded initiatives and grant programs which shall—

''(A) be the central repository of all drug control grants;

''(B) identify duplication, overlap, or gaps in funding to provide increased accountability of federally-funded grants for substance use disorder treatment, prevention, and enforcement;

''(C) identify impediments that applicants currently have in the grant application process with applicable agencies; and

''(D) be developed and maintained by the Office with the support of designated National Drug Control Program Agencies and any other agency determined by the Director.

''(2) PERFORMANCE METRICS.—The Director shall identify metrics and achievable goals for grant recipients in furtherance of the Strategy. Such metrics shall be used to measure how effective each federally funded initiative is in achieving the objectives of the Strategy and to enable comparisons of federally funded initiatives to identify those that are the most cost effective.

''(3) GRANT APPLICATION STANDARDIZATION.—To reduce the administrative burden on grant applicants and improve oversight of Federal funds, the Director, in consultation with the head of each National Drug Control Program Agency, shall develop a plan for coordinating and standardizing drug control grant application processes and develop a joint application to be used by all National Drug Control Program Agencies.

''(4) CENTRAL PORTAL.—The Director shall maintain on the public, electronic portal of the Office a list all drug control grant programs available in a central location. The head of each National Drug Control Program Agency shall provide a complete list of all drug control program grant programs to the Director and annually update such list.

''(5) REPORT TO CONGRESS.—The Director shall include in the assessment submitted to Congress under section 1006 an assessment on progress under this section.

''§ 1008. Coordination and oversight of the national drug control program

''(a) IN GENERAL.—The Director shall coordinate and oversee the implementation by the National Drug Control Program Agencies of the policies, goals, objectives, and priorities established under section 1002(c)(1) and the fulfillment of the responsibilities of such agencies under the National Drug Control Strategy and make recommendations to National Drug Control Program Agency heads with respect to implementation of National Drug Control Programs.

''(b) DETAILING EMPLOYEES TO OTHER AGENCIES.—

''(1) REQUEST.—The Director may request the head of an agency or program of the Federal Government to place agency personnel who are engaged in drug control activities on temporary detail to another agency in order to implement the National Drug Control Strategy.

''(2) AGENCY COMPLIANCE.—The head of the agency shall comply with any request made under paragraph (1).

''(3) MAXIMUM NUMBER OF DETAILEES.—The maximum number of personnel who may be detailed to another agency (including the Office) under this subsection during any fiscal year is—

''(A) for the Department of Defense, 50; and

''(B) for any other agency, 10.

''(c) DIRECTING FEDERAL FUNDING.—The Director may transfer funds made available to a National Drug Control Program Agency for National Drug Control Strategy programs and activities to another account within such agency or to another National Drug Control Program Agency for National Drug Control Strategy programs and activities, except that—

''(1) the authority under this subsection may be limited in an annual appropriations Act or other provision of Federal law;

''(2) the Director may exercise the authority under this subsection only with the concurrence of the head of each affected agency;

''(3) in the case of an interagency transfer, the total amount of transfers under this subsection may not exceed 3 percent of the total amount of funds made available for National Drug Control Strategy programs and activities to the agency from which those funds are to be transferred;

''(4) funds transferred to an agency under this subsection may only be used to increase the funding for programs or activities authorized by law;

''(5) the Director shall—

''(A) submit to the appropriate congressional committees and any other applicable committee of jurisdiction, a reprogramming or transfer request in advance of any transfer under this subsection in accordance with the regulations of each affected agency; and

''(B) annually submit to the appropriate congressional committees a report describing the effect of all transfers of funds made pursuant to this subsection or section 1004(f) during the 12-month period preceding the date on which the report is submitted; and

''(6) funds may only be used for—

''(A) expansion of demand reduction activities;

''(B) interdiction of illicit drugs on the high seas, in United States territorial waters, and at United States ports of entry by officers and employees of National Drug Control Program Agencies and domestic and foreign law enforcement officers;

''(C) accurate assessment and monitoring of international drug production and interdiction programs and policies;

''(D) activities to facilitate and enhance the sharing of domestic and foreign intelligence information among National Drug Control Program Agencies related to the production and trafficking of drugs in the United States and foreign countries;

''(E) activities to prevent the diversion of prescription drugs for illicit use; and

''(F) research related to any of these activities.

''(d) DIRECTING FEDERAL FUNDING TO RESPOND TO EMERGING THREATS.—

''(1) IN GENERAL.—The Director may transfer funds made available to a National Drug Control Program Agency for National Drug Control Strategy programs and activities to another account within such agency or to another National Drug Control Program Agency for National Drug Control Strategy programs and activities to implement the provisions of a plan developed under section 1009, except that—

''(A) the authority under this subsection may be limited in an annual appropriations Act or other provision of Federal law;

''(B) the Director may exercise the authority under this subsection only with the concurrence of the head of each affected agency;

''(C) in the case of an interagency transfer, the total amount of transfers under this subsection may not exceed 10 percent of the total amount of funds made available for National Drug Control Strategy programs and activities to the agency from which those funds are to be transferred;

''(D) funds transferred to an agency under this subsection may only be used to increase the funding for programs or activities authorized by law;

''(E) no transfer of funds under this subsection may result in a reduction in total Federal expenditures for substance use disorder treatment;

''(F) the Director shall—

''(i) submit to the appropriate congressional committees and any other applicable committee of jurisdiction, a reprogramming or transfer request in advance of any transfer under this subsection in accordance with the regulations of each affected agency; and

''(ii) annually submit to the appropriate congressional committees a report describing the effect of all transfers of funds made pursuant to this subsection or section 1004(f) during the 12-month period preceding the date on which the report is submitted; and

''(G) funds may only be used for—

''(i) expansion of demand reduction activities;

''(ii) interdiction of illicit drugs on the high seas, in United States territorial waters, and at United States ports of entry by officers and employees of National Drug Control Program Agencies and domestic and foreign law enforcement officers;

''(iii) accurate assessment and monitoring of international drug production and interdiction programs and policies;

''(iv) activities to facilitate and enhance the sharing of domestic and foreign intelligence information among National Drug Control Program Agencies related to the production and trafficking of drugs in the United States and foreign countries;

''(v) activities to prevent the diversion of prescription drugs for illicit use; and

''(vi) research related to any of these activities.

''(2) INADEQUACY OF TRANSFER.—In the event the authority under this subsection is inadequate to implement the provisions of a plan developed under section 1009, the Director shall submit a request for funding to the appropriate congressional committees within 30 days after the date on which the Director determines there is a need for additional funding.

''(e) FUND CONTROL NOTICES.—

''(1) IN GENERAL.—The Director may issue to the head of a National Drug Control Program Agency a fund control notice to ensure compliance with the National Drug Control Program Strategy. A fund control notice may direct that all or part of an amount appropriated to the National Drug Control Program Agency account be obligated by—

''(A) months, fiscal year quarters, or other time periods; and

''(B) activities, functions, projects, or object classes.

''(2) UNAUTHORIZED OBLIGATION OR EXPENDITURE PROHIBITED.—An officer or employee of a National Drug Control Program Agency shall not make or authorize an expenditure or obligation contrary to a fund control notice issued by the Director.

''(3) DISCIPLINARY ACTION FOR VIOLATION.—In the case of a violation of paragraph (2) by an officer or employee of a National Drug Control Program Agency, the head of the agency, upon the request of and in consultation with the Director, may subject the officer or employee to appropriate administrative discipline, including, when circumstances warrant, suspension from duty without pay or removal from office.

''(4) CONGRESSIONAL NOTICE.—Not later than 5 days after issuance of a fund control notice, the Director shall submit a copy of such fund control notice to the appropriate congressional committees and make such notice publicly available.

''(5) RESTRICTIONS.—The Director may not issue a fund control notice to direct that all or part of an amount appropriated to the National Drug Control Program Agency account be obligated, modified, or altered in any manner contrary, in whole or in part, to a specific appropriation or statute.

''(f) EXCLUSIONS.—The authorities described under subsections (c), (d), and (e) do not apply to any program under subchapter II or III.

''(g) FOREIGN ASSISTANCE ACT PARTICIPATION.—The Director may participate in the drug certification process pursuant to section 490 of the Foreign Assistance Act of 1961 (22 U.S.C. 2291j) and section 706 of the Department of State Authorization Act for Fiscal Year 2003 (22 U.S.C. 229j–1).

''(h) CERTIFICATIONS OF POLICY CHANGES TO DIRECTOR.—

''(1) IN GENERAL.—Subject to paragraph (2), the head of a National Drug Control Program Agency shall, unless exigent circumstances require otherwise, notify the Director in writing regarding any proposed change in policies relating to the activities of that agency under the National Drug Control Program prior to implementation of such change. The Director shall promptly review such proposed change and certify to the head of that agency in writing whether such change is consistent with the National Drug Control Strategy.

''(2) EXCEPTION.—If prior notice of a proposed change under paragraph (1) is not practicable—

''(A) the head of the National Drug Control Program Agency shall notify the Director of the proposed change as soon as practicable; and

''(B) upon such notification, the Director shall review the change and certify to the head of that agency in writing whether the change is consistent with the National Drug Control Strategy.

''(i) WORK IN CONJUNCTION WITH ASSISTANT FOR NATIONAL SECURITY AFFAIRS.—The Director shall, in any matter affecting national security interests, work in conjunction with the Assistant to the President for National Security Affairs.

''(j) AUTHORITIES NOT DEROGATED.—Nothing in this chapter shall be construed as derogating the authorities and responsibilities of the head of any agency, the Director of National Intelligence, or the Director of the Central Intelligence Agency contained in the National Security Act of 1947 (50 U.S.C. 401 et seq.), the Central Intelligence Agency Act of 1949 (50 U.S.C. 403a et seq.), or any other law.

''§ 1009. Emerging threats task force, plan, campaign

''(a) EMERGING THREATS TASK FORCE.—

''(1) EMERGING AND CONTINUING THREATS COORDINATOR.—The Director shall designate or appoint a United States Emerging and Continuing Threats Coordinator to perform the duties of that position described in this section and such other duties as may be determined by the Director. The Director shall determine whether the coordinator position is a noncareer appointee in the Senior Executive Service or a career appointee at the GS–15 level (or equivalent) or above.

''(2) ESTABLISHMENT AND MONITORING.—The Emerging and Continuing Threats Coordinator (referred to in this section as the 'Coordinator') shall monitor evolving and emerging drug threats in the United States and shall serve as Chair of an Emerging Threats Task Force (in this section, referred to as the 'task force'). The Director shall appoint other members of the task force, which shall include—

''(A) representatives from National Drug Control Program Agencies or other agencies;

''(B) representatives from State, local, and Tribal governments;

''(C) the Director of the National Drug Control Fusion Center established in section 1013; and

''(D) representatives from other entities as determined to be necessary by the Director.

''(3) INFORMATION REVIEW AND SHARING.—

''(A) IN GENERAL.—The task force shall disseminate and facilitate the sharing with Federal, State, local, and Tribal officials and other entities as determined by the Director of pertinent information and data relating to the following:

''(i) Recent trends in drug supply and demand.

''(ii) Fatal and nonfatal overdoses.

''(iii) Demand for and availability of evidence-based substance use disorder treatment, including the extent of the unmet treatment need, and treatment admission trends.

''(iv) Recent trends in drug interdiction, supply, and demand from State, local, and Tribal law enforcement agencies.

''(v) Other subject matter as determined necessary by the Director.

''(B) CONTRACT, AGREEMENT, AND OTHER AUTHORITY.—The Director may award contracts, enter into interagency agreements, manage individual projects, and conduct other activities in support of the identification of emerging drug threats and in support of the development, implementation, and assessment of any Emerging Threat Response Plan.

''(C) DATA ANALYSIS ACTIVITIES.—In support of the task force, the National Drug Control Fusion Center is authorized to conduct and provide to the task force the results of data analysis activities that the task force requests to aid in their review of recent trends in the data disseminated under subparagraph (A).

''(4) CRITERIA TO IDENTIFY EMERGING DRUG THREATS.—Not later than 60 days after the date on which a task force first meets, the task force shall develop and recommend to the Director criteria to be used to identify an emerging drug threat or the termination of an emerging drug threat designation based on information gathered by the task force in paragraph (2), statistical data, and other evidence.

''(5) MEETINGS.—The task force shall meet in person not less frequently than quarterly and at additional meetings if determined to be necessary by and at the call of the Chair to—

''(A) identify and discuss evolving and emerging drug trends in the United States using the criteria established in paragraph (3);

''(B) assist in the formulation of any plan described in subsection (c);

''(C) oversee implementation of the plan described in subsection (c); and

''(D) provide such other advice to the Coordinator and Director concerning strategy and policies for emerging drug threats and trends as the task force determines to be appropriate.

''(b) DESIGNATION.—

''(1) IN GENERAL.—The Director, in consultation with the Coordinator, the task force, and the head of each National Drug Control Program Agency, may designate an emerging drug threat in the United States.

''(2) STANDARDS FOR DESIGNATION.—The Director, in consultation with the Coordinator, shall promulgate and make publicly available standards by which a designation under paragraph (1) and the termination of such designation may be made. In developing such standards, the Director shall consider the recommendations of the task force and other criteria the Director considers to be appropriate.

''(3) PUBLIC STATEMENT REQUIRED.—The Director shall publish a public written statement on the portal of the Office explaining the designation of an emerging drug threat or the termination of such designation and shall notify the appropriate congressional committees of the availability of such statement when a designation or termination of such designation has been made.

''(c) PLAN.—

''(1) PUBLIC AVAILABILITY OF PLAN.—Not later than 60 days after making a designation under subsection (b), the Director shall publish and make publicly available an Emerging Threat Response Plan and notify the President and the appropriate congressional committees of such plan's availability.

''(2) TIMING.—Not less frequently than every 90 days after the date on which the plan is published under paragraph (1), the Director shall update the plan and report on implementation of the plan, until the Director issues the public statement required under subsection (b)(3) to terminate the emerging drug threat designation.

''(3) CONTENTS OF AN EMERGING THREAT RESPONSE PLAN.—The Director shall include in the plan—

''(A) a comprehensive strategic assessment of the emerging drug threat, including the current availability of, demand for, and effectiveness of evidence-based prevention, treatment, and enforcement programs and efforts to respond to the emerging drug threat;

''(B) comprehensive, research-based, long-range, quantifiable goals for addressing the emerging drug threat, including for reducing the supply of the drug designated as the emerging drug threat and for expanding the availability and effectiveness of evidence-based substance use disorder treatment and prevention programs to reduce the demand for the emerging drug threat;

''(C) performance measures pertaining to the plan's goals, including quantifiable and measurable objectives and specific targets;

''(D) the level of funding needed to implement the plan, including whether funding is available to be reprogrammed or transferred to support implementation of the plan or whether additional appropriations are necessary to implement the plan;

''(E) an implementation strategy for the education and public awareness campaign under subsection (d), including goals as described under subparagraph (B) and performance measures, objectives, and targets, as described under subparagraph (C); and

''(F) any other information necessary to inform the public of the status, progress, or response of an emerging drug threat.

''(4) IMPLEMENTATION.—

''(A) IN GENERAL.—Not later than 90 days after the date on which a designation is made under subsection (b), the Director, in consultation with the President, the appropriate congressional committees, and the head of each National Drug Control Program Agency, shall issue guidance on implementation of the plan described in this subsection to the National Drug Control Program Agencies and any other relevant agency determined to be necessary by the Director.

''(B) COORDINATOR'S RESPONSIBILITIES.—The Coordinator shall—

''(i) direct the implementation of the plan among the agencies identified in the plan, State, local, and Tribal governments, and other relevant entities;

''(ii) facilitate information-sharing between agencies identified in the plan, State, local, and Tribal governments, and other relevant entities; and

''(iii) monitor implementation of the plan by coordinating the development and implementation of collection and reporting systems to support performance measurement and adherence to the plan by agencies identified in plan, where appropriate.

''(C) REPORTING.—Not later than 180 days after the date on which a designation is made under subsection (b) and in accordance

with paragraph (2)(C), the head of each agency identified in the plan shall submit to the Coordinator a report on implementation of the plan.

''(d) EDUCATION AND PUBLIC AWARENESS CAMPAIGN FOR EMERGING DRUG THREATS.—

''(1) IN GENERAL.—Not later than 90 days after the date on which a designation is made under subsection (b), the Director shall, to the extent feasible and appropriate, establish and implement an evidence-based substance use prevention education and public awareness campaign to inform the public about the dangers of any drug designated as an emerging drug threat. Such campaign shall—

''(A) educate the public about the dangers of such drug, including patient and family education about the characteristics and hazards of such drug and methods to safeguard against such dangers, including the safe disposal of such drug;

''(B) support evidence-based prevention programs targeting audiences' attitudes, perceptions, and beliefs concerning substance use and intentions to initiate or continue such use;

''(C) increase awareness of the negative consequences of drug use;

''(D) encourage individuals affected by substance use disorders to seek treatment and provide such individuals with information on how to recognize addiction issues, what forms of evidence-based treatment options are available, and how to access such treatment; and

''(E) combat the stigma of addiction and substance use disorders, including the stigma of treating such disorders with medication-assisted treatment therapies.

''(2) CONSULTATION.—For the planning of the campaign under paragraph (1), the Director shall consult with—

''(A) the head of any appropriate National Drug Control Program Agency to obtain advice on evidence-based scientific information for policy, program development, and evaluation;

''(B) experts in evidence-based media campaigns, education, evaluation, and communication;

''(C) experts on the designated drug;

''(D) State, local, and Tribal government officials and relevant agencies;

''(E) the public;

''(F) appropriate congressional committees; and

''(G) any other affected person, as determined by the Director.

''(3) GIFTS AND DONATIONS.—

''(A) IN GENERAL.—The Director may accept gifts and donations (in cash or in kind, including voluntary and uncompensated services or property), which shall be available until expended, for the purpose of supporting the education and public awareness campaign authorized in this section, including the media campaign.

''(B) ETHICS GUIDELINES.—The Director shall establish written guidelines setting forth the criteria to be used in determining whether a gift or donation should be declined under this section because the acceptance of the gift or donation would—

''(i) reflect unfavorably upon the ability of the Director or the Office, or any employee of the Office, to carry out responsibilities or official duties under this chapter in a fair and objective manner; or

''(ii) compromise the integrity or the appearance of integrity of programs or services provided under this chapter or of any official involved in those programs or services.

''(4) IMPLEMENTATION.—

''(A) IN GENERAL.—For any campaign established under this subsection, the Director shall ensure the following:

''(i) Implementation is evidence-based, meets accepted standards for public awareness campaigns, and uses available resources in a manner to make the most progress toward achieving the goals identified in the Emerging Threats Response Plan and the requirements of paragraph (1).

''(ii) Information disseminated through the campaign is accurate.

''(iii) The Director approves the strategy of the campaign, all material distributed through the campaign, and the use of any Federal funds used for the campaign.

''(iv) The campaign is designed using strategies found to be most effective at achieving such goals and requirements of paragraph (1), which may include—

''(I) a media campaign, as described in subparagraph (B);

''(II) local, regional, or population specific messaging;

''(III) establishing partnerships and promoting coordination among community stakeholders, including public, nonprofit organizations, and for profit entities;

''(IV) providing support, training, and technical assistance to establish and expand school and community prevention programs;

''(V) creating websites to publicize and disseminate information;

''(VI) conducting outreach and providing educational resources for parents;

''(VII) establishing State or regional advisory councils to provide input and recommendations to raise awareness regarding the drug designated as an emerging drug threat;

''(VIII) collaborating with law enforcement; and

''(IX) support for school-based public health education classes to improve teen knowledge about the effects of such designated drug.

''(B) MEDIA CAMPAIGN.—Any campaign implemented under this subsection may include a media component, which—

''(i) shall be designed to prevent the use of the drug designated as an emerging drug threat and to achieve the goals and requirements of paragraph (1);

''(ii) shall be carried out through competitively awarded contracts to entities providing for the professional production and design of such campaign; and

''(iii) may include the use of television, radio, Internet, social media, and other commercial marketing venues and may be targeted to specific age groups based on peer-reviewed social research.

''(C) REQUIRED NOTICE FOR COMMUNICATION FROM THE OFFICE.—Any communication, including an advertisement, paid for or otherwise disseminated by the Office directly or through a contract awarded by the Office shall include a prominent notice informing the audience that the communication was paid for by of the Office.

''(5) EVALUATION.—

''(A) PERFORMANCE EVALUATION.—The Director shall include an evaluation of the campaign in the annual assessment under section 1006, which shall include the following:

''(i) A performance evaluation of the campaign, including progress toward meeting the goals, objectives, measures, and targets identified in the Emerging Threats Response Plan.

''(ii) A description of all policies and practices to eliminate the potential for waste, fraud, abuse, and to ensure Federal funds are used responsibly.

''(iii) A list of all contracts or other agreements entered into to implement the campaign.

''(iv) The results of any financial audit of the campaign.

''(v) A description of any evidence used to develop the campaign.

''(vi) The sources and amount of each gift or donation accepted by the Office, and the source and amount of each gift or donation accepted by a contractor to be used in its performance of a contract for the campaign.

''(B) INDEPENDENT EVALUATION.—Not later than 180 days after establishing a campaign under paragraph (1) and not less than frequently than every two years thereafter, the Director shall—

''(i) designate an independent entity to evaluate the effectiveness of the campaign with meeting the goals established in the Emerging Threat Response Plan and the requirements of paragraph (1); and

''(ii) submit the results of the independent evaluation to the appropriate congressional committees.

''(6) FUNDING PROHIBITIONS.—None of the amounts made available under this subsection may be obligated for any of the following:

''(A) To supplant current anti-drug community-based coalitions.

''(B) To supplant pro bono public service time donated by national and local broadcasting network for other public services campaigns.

''(C) For partisan political purposes, or express advocacy in support of or to defeat any clearly identified candidate, clearly identified ballot initiative, or clearly identified legislative or regulatory proposal.

''(D) For any advocacy in support of any particular company, industry association, or advocacy group or the explicit policy positions held by such groups.

''(E) To direct any individuals to a specific type of substance use disorder treatment, treatment facility, medical provider, or form of medication assisted treatment.

''(F) To fund any advertising that features any elected officials, persons seeking elected office, cabinet level officials, or other Federal officials employed pursuant to section 213 of Schedule C of title 5, Code of Federal Regulations.

''(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Office to carry out this section, $25,000,000 for each of fiscal years 2019 through 2023.

''§ 1010. National and international coordination

''(a) DISSEMINATION OF RESEARCH AND INFORMATION TO STATES.—The Director shall ensure that drug control research and information is effectively disseminated by National Drug Control Program Agencies to State and local governments and nongovernmental entities involved in demand reduction by—

''(1) encouraging formal consultation between any such agency that conducts or sponsors research, and any such agency that disseminates information in developing research and information product development agendas;

''(2) encouraging such agencies (as appropriate) to develop and implement dissemination plans that specifically target State and local governments and nongovernmental entities involved in demand reduction; and

''(3) supporting the substance abuse information clearinghouse administered by the Assistant Secretary for Mental Health and Substance Use and established in section 501(d)(16) of the Public Health Service Act by—

''(A) encouraging all National Drug Control Program Agencies to provide all appropriate and relevant information; and

''(B) supporting the dissemination of information to all interested entities.

''(b) STANDARDS.—

''(1) DEVELOPMENT.—The Director shall coordinate the development of evidence-based

standards developed by National Drug Control Program Agencies and other relevant agencies and non-Federal entities to State, local, and Tribal governments and nongovernmental entities related to drug control policies, practices, and procedures, such as the investigation of drug-related deaths, by—

''(A) encouraging appropriate agencies and State, local, and Tribal governments to develop data standards for drug control practices and procedures and related statistical data;

''(B) encouraging information sharing between appropriate agencies and State, local, and Tribal governments of relevant drug control information and data;

''(C) establishing a working group of agencies, State, local, and Tribal governments, and other relevant stakeholders to discuss and develop such standards; and

''(D) facilitating collaboration among agencies, non-Federal entities, States, local, and Tribal governments, and nongovernmental agencies.

''(2) IMPLEMENTATION.—The Director shall promote the implementation of the standards described in paragraph (1) by—

''(A) encouraging adoption by providing the standards to State and local governments through the internet, annual publications or periodicals, and other widely-disseminated means; and

''(B) facilitating the use and dissemination of such standards among State and local governments by—

''(i) providing technical assistance to State, local, and Tribal governments seeking to adopt or implement such standards; and

''(ii) coordinating seminars and training sessions for State, local, and Tribal governments seeking to adopt or implement such standards.

''(c) PRIVATE SECTOR.—

''(1) IN GENERAL.—The Director or the head of a National Drug Control Program (as designated by the Director) shall coordinate with the private sector to promote private research and development of medications to treat or prevent addiction, including research and development for non-addictive pain management medication, abuse deterrent formulations, medication-assisted treatment, and other addiction research determined to be necessary by the Director by—

''(A) encouraging the sharing of information regarding evidence-based treatment addiction findings and related data between agencies and the private sector, as appropriate;

''(B) encouraging collaboration between appropriate agencies and the private sector; and

''(C) providing private sector entities with relevant statistical data and information to enhance research as permissible.

''(2) WORKING GROUP.—The Director may establish a working group of National Drug Control Program Agencies, State, local, and Tribal governments, and the private sector stakeholders to discuss and disseminate best practices, research and development, and other related issues, as appropriate.

''(d) MODEL ACTS PROGRAM.—

''(1) IN GENERAL.—The Director shall provide for or shall enter into an agreement with a nonprofit organization to—

''(A) advise States on establishing laws and policies to address illicit drug use issues; and

''(B) revise such model State drug laws and draft supplementary model State laws to take into consideration changes in illicit drug use issues in the State involved.

''(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection $1,250,000 for each of fiscal years 2019 through 2023.

''(e) DRUG COURT TRAINING AND TECHNICAL ASSISTANCE PROGRAM.—

''(1) GRANTS AUTHORIZED.—The Director may make a grant to a nonprofit organization for the purpose of providing training and technical assistance to drug courts.

''(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection $2,000,000 for each of fiscal years 2019 through 2023.

''(f) INTERNATIONAL COORDINATION.—The Director may facilitate international drug control coordination efforts.

''(g) STATE, LOCAL, AND TRIBAL AFFAIRS COORDINATOR.—The Director shall designate or appoint a United States State, Local, and Tribal Affairs Coordinator to perform the duties of the Office outlined in this section and section 1005 and such other duties as may be determined by the Director with respect to coordination of drug control efforts between agencies and State, local, and Tribal governments. The Director shall determine whether the coordinator position is a noncareer appointee in the Senior Executive Service or a career appointee at the GS–15 level (or equivalent) or above.

''§ 1011. Interdiction

''(a) UNITED STATES INTERDICTION COORDINATOR.—

''(1) IN GENERAL.—The Director shall designate or appoint a noncareer appointee in the Senior Executive Service or a career appointee at the GS–15 level (or equivalent) or above as the United States Interdiction Coordinator to perform the duties of that position described in paragraph (2) and such other duties as may be determined by the Director with respect to coordination of efforts to interdict illicit drugs from entering the United States.

''(2) RESPONSIBILITIES.—The United States Interdiction Coordinator shall be responsible to the Director for—

''(A) coordinating the interdiction activities of the National Drug Control Program Agencies to ensure consistency with the National Drug Control Strategy;

''(B) on behalf of the Director, developing and issuing, on or before September 1 of each year and in accordance with paragraph (4), a National Interdiction Command and Control Plan to ensure the coordination and consistency described in subparagraph (A);

''(C) assessing the sufficiency of assets committed to illicit drug interdiction by the relevant National Drug Control Program Agencies; and

''(D) advising the Director on the efforts of each National Drug Control Program Agency to implement the National Interdiction Command and Control Plan.

''(3) STAFF.—The Director shall assign such permanent staff of the Office as he considers appropriate to assist the United States Interdiction Coordinator to carry out the responsibilities described in paragraph (2), and may request that appropriate National Drug Control Program Agencies detail or assign staff to assist in carrying out such activities.

''(4) NATIONAL INTERDICTION COMMAND AND CONTROL PLAN.—

''(A) PURPOSES.—The National Interdiction Command and Control Plan—

''(i) shall set forth the Government's strategy for drug interdiction;

''(ii) shall state the specific roles and responsibilities of the relevant National Drug Control Program Agencies for implementing that strategy; and

''(iii) shall identify the specific resources required to enable the relevant National Drug Control Program Agencies to implement that strategy.

''(B) CONSULTATION WITH OTHER AGENCIES.—Before the submission of the National Drug Control Strategy or annual supplement required under section 1005(d), as applicable, the United States Interdiction Coordinator shall issue the National Interdiction Command and Control Plan, in consultation with the other members of the Interdiction Committee described in subsection (b).

''(C) REPORT TO CONGRESS.—On or before September 1 of each year, the Director, through the United States Interdiction Coordinator, shall provide to the appropriate congressional committees, to the Committee on Armed Services and the Committee on Homeland Security of the House of Representatives, and to the Committee on Homeland Security and Governmental Affairs and the Committee on Armed Services of the Senate, a report that—

''(i) includes—

''(I) a copy of that year's National Interdiction Command and Control Plan;

''(II) information for the previous 10 years regarding the number and type of seizures of drugs by each National Drug Control Program Agency conducting drug interdiction activities and statistical information on the geographic areas of such seizures; and

''(III) information for the previous 10 years regarding the number of air and maritime patrol hours undertaken by each National Drug Control Program Agency conducting drug interdiction activities and statistical information on the geographic areas in which such patrol hours took place; and

''(ii) may include recommendations about changes to existing agency authorities or laws governing interagency relationships.

''(D) CLASSIFIED ANNEX.—The report submitted pursuant to subparagraph (C) may include a classified annex.

''(b) INTERDICTION COMMITTEE.—

''(1) IN GENERAL.—The Interdiction Committee shall meet to—

''(A) discuss and resolve issues related to the coordination, oversight, and integration of international, border, and domestic drug interdiction efforts in support of the National Drug Control Strategy;

''(B) review the annual National Interdiction Command and Control Plan, and provide advice to the Director and the United States Interdiction Coordinator concerning that plan; and

''(C) provide such other advice to the Director concerning drug interdiction strategy and policies as the committee determines is appropriate.

''(2) CHAIR.—The Director shall designate one of the members of the Interdiction Committee to serve as Chair.

''(3) MEETINGS.—The members of the Interdiction Committee shall meet, in person and not through any delegate or representative, at least once per calendar year, before June 1. At the call of the Director or the Chair, the Interdiction Committee may hold additional meetings, which shall be attended by the members in person, or through such delegates or representatives as the members may choose.

''(4) REPORT.—Not later than September 30 of each year, the Chair of the Interdiction Committee shall submit to the Director and to the appropriate congressional committees a report describing the results of the meetings and any significant findings of the committee during the previous 12 months. Such report may include a classified annex.

''§ 1012. Treatment coordinator

''(a) UNITED STATES TREATMENT COORDINATOR.—

''(1) IN GENERAL.—The Director shall designate or appoint a noncareer appointee in the Senior Executive Service or a career appointee at the GS–15 level (or equivalent) or above as the United States Treatment Coordinator to perform the responsibilities of that position described in paragraph (2) and

such other duties as may be determined by the Director with respect to coordination of efforts to expand the availability of substance use disorder treatment with the goal of eliminating the unmet treatment need.

''(2) RESPONSIBILITIES.—The United States Treatment Coordinator shall be responsible to the Director for—

''(A) coordinating the activities of the National Drug Control Program Agencies undertaken to expand the availability of evidence-based substance use disorder treatment to ensure consistency with the National Drug Control Strategy;

''(B) on behalf of the Director, developing and issuing, on or before September 1 of each year and in accordance with paragraph (4), a National Treatment Plan to ensure the coordination and consistency described in subparagraph (A);

''(C) assessing the sufficiency of Federal resources directed to substance use disorder treatment by the relevant National Drug Control Program Agencies;

''(D) encouraging the adoption by all substance use disorder treatment providers of evidence-based standards to guide all aspects of treatment provided; and

''(E) advising the Director on the efforts of each National Drug Control Program Agency to implement the National Treatment Plan.

''(3) STAFF.—The Director shall assign such permanent staff of the Office of the United States Treatment Coordinator as the Director determines to be appropriate to assist the United States Treatment Coordinator to carry out the responsibilities described in paragraph (2), and may request that appropriate National Drug Control Program Agencies detail or assign staff to assist in carrying out such responsibilities.

''(4) NATIONAL TREATMENT PLAN.—

''(A) PURPOSES.—The National Treatment Plan—

''(i) shall identify the unmet need for treatment for evidence-based substance use disorders and set forth the Government's strategy for closing the gap between available and needed treatment through all sources;

''(ii) shall describe the specific roles and responsibilities of the relevant National Drug Control Program Agencies for implementing that strategy;

''(iii) shall identify the specific resources required to enable the relevant National Drug Control Program Agencies to implement that strategy;

''(iv) shall identify the resources, including private sources, required to eliminate the unmet need for evidence-based substance use disorder treatment; and

''(v) may include recommendations about changes to existing agency authorities or laws governing interagency relationships.

''(B) CONSULTATION WITH OTHER AGENCIES.—Before the submission of the National Treatment Strategy or annual supplement required under section 1005(d), as applicable, the United States Treatment Coordinator shall issue the National Treatment Plan, in consultation with the other members of the Treatment Committee described in subsection (b).

''(C) REPORT TO CONGRESS.—On or before September 1 of each year, the Director, through the United States Treatment Coordinator, shall provide to the appropriate congressional committees a report that includes a copy of that year's National Treatment Plan.

''(b) TREATMENT COMMITTEE.—

''(1) IN GENERAL.—The Treatment Committee shall meet to—

''(A) review and discuss the adequacy of evidence-based substance use disorder treatment as well as the unmet need for treatment;

''(B) review and discuss the status of the implementation of the National Treatment Plan; and

''(C) provide such other advice to the Director concerning substance use disorder treatment initiatives as the committee determines is appropriate.

''(2) CHAIR.—The Director shall designate one of the members of the Treatment Committee to serve as Chair.

''(3) MEETINGS.—The members of the Treatment Committee shall meet, in person and not through any delegate or representative, at least once per calendar year, before June 1. At the call of the Director or the Chair, the Treatment Committee may hold additional meetings, which shall be attended by the members in person, or through such delegates or representatives as the members may choose.

''(4) REPORT.—Not later than September 30 of each year, the Chair of the Treatment Committee shall submit to the Director and to the appropriate congressional committees a report describing the results of the meetings and any significant findings of the committee during the previous 12 months. Such report may include a classified annex.

''§ 1013. Critical information coordination

''(a) NATIONAL DRUG CONTROL FUSION CENTER.—

''(1) ESTABLISHMENT.—The Director shall, in consultation with the head of each National Drug Control Program Agency, designate an agency to establish a National Drug Control Fusion Center (referred to in this section as the 'Center'). The Center shall operate under the authority of the Director and shall work with the National Drug Control Program Agencies to collect, compile, analyze, and facilitate the sharing of data on the use of illicit drugs, treatment for substance use disorder, and interdiction of illicit drugs. The Center shall be considered a 'statistical agency or unit', as that term is defined in section 502 of the Confidential Information Protection and Statistical Efficiency Act of 2002 (44 U.S.C. 3501 note) and shall have the necessary independence to ensure any data or information acquired by an agency under a pledge of confidentiality and for exclusively statistical purposes is used exclusively for statistical purposes.

''(2) CENTER DIRECTOR.—There shall be at the head of the Center a Center Director who shall be appointed by the Director from among individuals qualified and distinguished in data governance and statistical analysis.

''(3) DATA COMPILATION.—The Director, acting through the Center Director, shall do the following:

''(A) Coordinate data collection activities among the National Drug Control Program Agencies.

''(B) Collect information not otherwise collected by National Drug Control Program Agencies as necessary to inform the National Drug Control Strategy.

''(C) Compile and analyze any data required to be collected under this chapter.

''(D) Disseminate technology, as appropriate, to States and local jurisdictions to enable or improve the collection of data on drug use, including the recordation of the occurrence of fatal and non-fatal drug overdoses.

''(E) Compile information collected by National Drug Control Program Agencies on grants issued through any National Drug Control Program, including for any grant the following:

''(i) The recipient.

''(ii) The amount.

''(iii) The intended purpose.

''(iv) Any evidence of the efficacy of the outcomes achieved by the program funded through the grant.

''(v) Any assessments of how the grant met its intended purpose.

''(4) TOXICOLOGY SCREENING.—

''(A) ESTABLISHMENT.—The Center Director may establish a toxicology screening program that engages in—

''(i) secondary analysis of urine samples that would otherwise be discarded by—

''(I) hospitals and substance use disorder treatment programs;

''(II) correctional facilities, booking sites, probation programs, drug courts, and related facilities; and

''(III) coroners and medical examiners; and

''(ii) analysis of other physical samples, as determined by the Center Director to be valuable for understanding the prevalence of any illicit drug.

''(B) DE-IDENTIFICATION OF INFORMATION.—The Center Director shall ensure that no samples have any personally identifiable information prior to collection.

''(C) LIMITATION ON USE.—No data obtained from analysis conducted under this paragraph may be used as evidence in any proceeding.

''(D) STATE PROGRAM.—The Center Director may establish a program that enables States and local jurisdictions to submit up to 20 urine samples per year for toxicology analysis for the purposes of identifying substances present in individuals who have suffered fatal drug overdoses.

''(5) AUTHORITY TO CONTRACT.—The Director may award contracts, enter into interagency agreements, manage individual projects, and conduct other operational activities under this subsection.

''(b) CRITICAL DRUG CONTROL INFORMATION AND EVIDENCE PLAN.—

''(1) IN GENERAL.—Not later than the first Monday in February of each year, the Director shall submit to Congress a systematic plan for increasing data collection to enable real-time surveillance of drug control threats, developing analysis and monitoring capabilities, and identifying and addressing policy questions relevant to the National Drug Control Policy, Strategy, and Program. Such plan shall be made available on the public online portal of the Office, shall cover at least a 4-year period beginning with the first fiscal year following the fiscal year in which the plan is submitted and published, and contain the following:

''(A) A list of policy-relevant questions for which the Director and each National Drug Control Program Agency intends to develop evidence to support the National Drug Control Program and Strategy.

''(B) A list of data the Director and each National Drug Control Program Agency intends to collect, use, or acquire to facilitate the use of evidence in drug control policymaking and monitoring.

''(C) A list of methods and analytical approaches that may be used to develop evidence to support the National Drug Control Program and Strategy and related policy.

''(D) A list of any challenges to developing evidence to support policymaking, including any barriers to accessing, collecting, or using relevant data.

''(E) A description of the steps the Director and the head of each National Drug Control Program Agency will take to effectuate the plan.

''(F) Any other relevant information as determined by the Director.

''(2) CONSULTATION.—In developing the plan required under paragraph (1), the Director shall consult with the following:

''(A) The public.

''(B) Any evaluation or analysis units and personnel of the Office.

''(C) Office officials responsible for implementing privacy policy.

''(D) Office officials responsible for data governance.

''(E) The appropriate congressional committees.

''(F) Any other individual or entity as determined by the Director.

''(c) EVIDENCE-BASED POLICY.—

''(1) HARM REDUCTION PROGRAMS.—When developing the national drug control policy, any policy of the Director, including policies relating to syringe exchange programs for intravenous drug users, shall be based on the best available medical and scientific evidence regarding the effectiveness of such policy in promoting individual health, preventing the spread of infectious disease and the impact of such policy on drug addiction and use. In making any policy relating to harm reduction programs, the Director shall consult with the National Institutes of Health and the National Academy of Sciences.

''(2) FUND RESTRICTION FOR THE LEGALIZATION OF CONTROLLED SUBSTANCES.—The Director shall ensure that no Federal funds appropriated to the Office shall be expended for any study or contract relating to the legalization (for a medical use or any other use) for which a listing in schedule I is in effect under section 202 of the Controlled Substances Act (21 U.S.C. 812).

''(d) DRUG CONTROL DATA DASHBOARD.—

''(1) ESTABLISHMENT.—The Director, in consultation with the Center Director, shall establish and maintain a data dashboard on the online portal of the Office to be known as the 'Drug Control Data Dashboard'. The Director shall ensure the user interface of the dashboard is constructed with modern design standards. To the extent practicable, the data made available on the dashboard shall be publicly available in a machine-readable format and searchable by year, agency, drug, and location.

''(2) DATA.—The data included in the Drug Control Data Dashboard shall be updated quarterly to the extent practicable, but not less frequently than annually and shall include, at a minimum, the following:

''(A) For each substance identified under section 1005(c)(1)(A)(i)—

''(i) the total amount seized and disrupted in the calendar year and each of the previous 3 calendar years, including to the extent practicable the amount seized by State, local, and Tribal governments;

''(ii) the known and estimated flows into the United States from all sources in the calendar year and each of the previous 3 calendar years;

''(iii) the total amount of known flows that could not be interdicted or disrupted in the calendar year and each of the previous 3 calendar years;

''(iv) the known and estimated levels of domestic production in the calendar year and each of the previous three calendar years, including the levels of domestic production if the drug is a prescription drug, as determined under the Federal Food, Drug, and Cosmetic Act, for which a listing is in effect under section 202 of the Controlled Substances Act (21 U.S.C. 812);

''(v) the average street price for the calendar year and the highest known street price during the preceding 10-year period; and

''(vi) to the extent practicable, related prosecutions by State, local, and Tribal governments.

''(B) For the calendar year and each of the previous three years data sufficient to show, disaggregated by State and, to the extent feasible, by region within a State, county, or city, the following:

''(i) The number of fatal and non-fatal overdoses caused by each drug identified under subparagraph (A)(i).

''(ii) The prevalence of substance use disorders.

''(iii) The number of individuals who have received substance use disorder treatment, including medication assisted treatment, for a substance use disorder, including treatment provided through publicly-financed health care programs.

''(iv) The extent of the unmet need for substance use disorder treatment, including the unmet need for medication-assisted treatment.

''(C) Data sufficient to show the extent of prescription drug diversion, trafficking, and misuse in the calendar year and each of the previous 3 calendar years.

''(D) Any quantifiable measures the Director determines to be appropriate to detail progress toward the achievement of the goals of the National Drug Control Strategy.

''(e) ACCESS TO INFORMATION.—

''(1) IN GENERAL.—Upon the request of the Director, the head of any National Drug Control Program Agency shall cooperate with and provide to the Director any statistics, studies, reports, and other information prepared or collected by the agency concerning the responsibilities of the agency under the National Drug Control Strategy that relate to—

''(A) drug control; or

''(B) the manner in which amounts made available to that agency for drug control are being used by that agency.

''(2) PROTECTION OF INTELLIGENCE INFORMATION.—

''(A) IN GENERAL.—The authorities conferred on the Office and the Director by this chapter shall be exercised in a manner consistent with provisions of the National Security Act of 1947 (50 U.S.C. 401 et seq.). The Director of National Intelligence shall prescribe such regulations as may be necessary to protect information provided pursuant to this chapter regarding intelligence sources and methods.

''(B) DUTIES OF DIRECTOR.—The Director of National Intelligence and the Director of the Central Intelligence Agency shall, to the maximum extent practicable in accordance with subparagraph (A), render full assistance and support to the Office and the Director.

''(3) REQUIRED REPORTS FROM NATIONAL DRUG CONTROL PROGRAM AGENCIES.—The head of each National Drug Control Program Agency shall submit to the Director such information and reports as requested from such National Drug Control Program Agency by the Director, which shall include from the appropriate National Drug Control Program Agencies:

''(A) Not later than July 1 of each year, the head of a National Drug Control Program Agency designated by the Director shall submit to the Director and the appropriate congressional committees an assessment of the quantity of illegal drug cultivation and manufacturing in the United States on lands owned or under the jurisdiction of their respective agencies that was seized or eradicated by their personnel during the preceding calendar year.

''(B) Not later than July 1 of each year, the head of a designated National Drug Control Program Agency shall submit to the Director and the appropriate congressional committees information for the preceding year regarding—

''(i) the number and type of seizures of drugs by each component of the agency seizing drugs, as well as statistical information on the geographic areas of such seizures; and

''(ii) the number of air and maritime patrol hours primarily dedicated to drug supply reduction missions undertaken by each component of the agency.

''(C) Not later than July 1 of each year, the head of a designated National Drug Control Program Agency shall submit to the Director and the appropriate congressional committees information for the preceding year regarding the number of air and maritime patrol hours primarily dedicated to drug supply reduction missions undertaken by each component of the agency.

''(D) Not later than July 1 of each year, the head of a designated National Drug Control Program Agency shall submit to the Director and the appropriate congressional committees information for the preceding year regarding the number and type of—

''(i) arrests for drug violations;

''(ii) prosecutions by United States Attorneys for drug violations; and

''(iii) seizures of drugs by each component of the Department of Justice seizing drugs, as well as statistical information on the geographic areas of such seizures.

''(f) DATA EXCHANGE STANDARDS FOR IMPROVED INTEROPERABILITY.—

''(1) INTERAGENCY AND INTERGOVERNMENTAL DESIGNATION AND USE OF DATA EXCHANGE STANDARDS WORKING GROUP.—The Director shall establish a working group of National Drug Control Program Agencies, State, local and Tribal government health and law enforcement agencies, and data governance experts to develop consensus data exchange standards for necessary categories of information that allow effective electronic exchange of information between States, between State agencies, between States and National Drug Control Program Agencies, and any other drug control relevant data exchange.

''(2) DATA EXCHANGE STANDARDS MUST BE NONPROPRIETARY AND INTEROPERABLE.—The data exchange standards developed under paragraph (1) shall, to the extent practicable, be nonproprietary and interoperable.

''(3) OTHER REQUIREMENTS.—In developing data exchange standards under this subsection, the working group shall, to the extent practicable, incorporate—

''(A) interoperable standards developed and maintained by an international voluntary consensus standards body, as defined by the Office of Management and Budget;

''(B) interoperable standards developed and maintained by intergovernmental partnerships; and

''(C) interoperable standards developed and maintained by Federal entities with authority over contracting and financial assistance.

''(4) DATA EXCHANGE STANDARDS FOR FEDERAL REPORTING.—

''(A) DESIGNATION.—The Director may, in consultation with the working group established under this subsection, National Drug Control Program Agencies, and State, local, and Tribal governments, designate data exchange standards to govern Federal reporting and exchange requirements for National Drug Control Programs, as appropriate.

''(B) REQUIREMENTS.—The data exchange reporting standards designated under subparagraph (A) shall, to the extent practicable—

''(i) incorporate a widely accepted, nonproprietary, searchable, machine-readable format;

''(ii) be consistent with and implement applicable accounting principles;

''(iii) be implemented in a manner that is cost-effective and improves program efficiency and effectiveness; and

''(iv) be capable of being continually upgraded as necessary.

''(C) INCORPORATION OF NONPROPRIETARY STANDARDS.—In designating data exchange standards under this paragraph, the Director

shall, to the extent practicable, incorporate existing nonproprietary standards.

''(D) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed to require a change to existing data exchange standards for Federal reporting about a program referred to in this section, if the head of the agency responsible for administering the program finds the standards to be effective and efficient.

''(5) TERMINATION.—The working group established under paragraph (1) shall terminate not earlier than 60 days after the public notification of termination by the Director.

''(g) ANNUAL DATA COLLECTION AND DISSEMINATION REQUIREMENTS.—

''(1) IN GENERAL.—The Director shall collect and disseminate, as appropriate, such information as the Director determines is appropriate, but not less than the information described in this subsection. To the extent practicable, the data shall be publicly available in a machine-readable format on the Drug Control Data Dashboard, be searchable by year, agency, drug, and location, and cover not less than the previous 10-year period.

''(2) PREPARATION AND DISSEMINATION OF INFORMATION.—The Director shall prepare and disseminate the following:

''(A) An assessment of current illicit drug use (including inhalants and steroids) and availability, impact of illicit drug use, and treatment availability, which assessment shall include—

''(i) estimates of drug prevalence and frequency of use as measured by national, State, and local surveys of illicit drug use and by other special studies of nondependent and dependent illicit drug use;

''(ii) illicit drug use in the workplace and the productivity lost by such use; and

''(iii) illicit drug use by arrestees, probationers, and parolees.

''(B) An assessment of the reduction of illicit drug availability, for each drug identified under section 1005(c)(1)(A)(i), as measured by—

''(i) the quantities of such drug available for consumption in the United States;

''(ii) the amount of such drug entering the United States;

''(iii) the number of illicit drug manufacturing laboratories seized and destroyed of each such drug and the number of hectares cultivated and destroyed domestically and in other countries of such drug;

''(iv) the number of metric tons of such drug seized; and

''(v) changes in the price and purity of such drug.

''(C) An assessment of the reduction of the consequences of illicit drug use and availability, which shall include—

''(i) the cost of treating substance use disorder in the United States, such as the quantity of illicit drug-related services provided;

''(ii) the annual national health care cost of illicit drug use; and

''(iii) the extent of illicit drug-related crime and criminal activity.

''(D) A determination of the status of substance use disorder treatment in the United States, by assessing—

''(i) public and private treatment utilization; and

''(ii) the number of illicit drug users the Director estimates meet diagnostic criteria for treatment.

''§ 1014. Authorization of appropriations

''There are authorized to be appropriated to carry out this chapter, except as otherwise specified, to remain available until expended, $18,400,000 for each of fiscal years 2019 through 2023.

''SUBCHAPTER II—DRUG-FREE COMMUNITIES SUPPORT PROGRAM

''§ 1021. Establishment of drug-free communities support program

''(a) ESTABLISHMENT.—The Director shall establish a program to support communities in the development and implementation of comprehensive, long-term plans and programs to prevent and treat substance use and misuse among youth.

''(b) PROGRAM.—In carrying out the Program, the Director shall—

''(1) make and track grants to grant recipients;

''(2) provide for technical assistance and training, data collection, and dissemination of information on state-of-the-art practices that the Director determines to be effective in reducing substance use; and

''(3) provide for the general administration of the Program.

''(c) ADMINISTRATION.—The Director shall appoint an Administrator to carry out the Program.

''(d) CONTRACTING.—The Director may employ any necessary staff and may enter into contracts or agreements with National Drug Control Program Agencies, including interagency agreements, to delegate authority for the execution of grants and for such other activities necessary to carry out this chapter.

''§ 1022. Program authorization

''(a) GRANT ELIGIBILITY.—To be eligible to receive an initial grant or a renewal grant under this subchapter, a coalition shall meet each of the following criteria:

''(1) APPLICATION.—The coalition shall submit an application to the Administrator in accordance with section 1023(a)(2).

''(2) MAJOR SECTOR INVOLVEMENT.—

''(A) IN GENERAL.—The coalition shall consist of 1 or more representatives of each of the following categories:

''(i) Youth.

''(ii) Parents.

''(iii) Businesses.

''(iv) The media.

''(v) Schools.

''(vi) Organizations serving youth.

''(vii) Law enforcement.

''(viii) Religious or fraternal organizations.

''(ix) Civic and volunteer groups.

''(x) Health care professionals.

''(xi) State, local, or Tribal governmental agencies with expertise in the field of substance use prevention or substance use disorders (including, if applicable, the State authority with primary authority for substance use and misuse).

''(xii) Other organizations involved in reducing the prevalence of substance use and misuse or substance use disorders.

''(B) ELECTED OFFICIALS.—If feasible, in addition to representatives from the categories listed in subparagraph (A), the coalition shall have an elected official (or a representative of an elected official) from—

''(i) the Federal Government; and

''(ii) the government of the appropriate State and political subdivision thereof or the governing body or an Indian tribe (as that term is defined in section 4(e) of the Indian Self-Determination Act (25 U.S.C. 5304)).

''(C) REPRESENTATION.—An individual who is a member of the coalition may serve on the coalition as a representative of not more than 1 category listed under subparagraph (A).

''(3) COMMITMENT.—The coalition shall demonstrate, to the satisfaction of the Administrator—

''(A) that the representatives of the coalition have worked together on substance use and misuse reduction initiatives, which, at a minimum, includes initiatives that target drugs described in section 1027(6)(A), for a period of not less than 6 months, acting through entities such as task forces, subcommittees, or community boards; and

''(B) substantial participation from volunteer leaders in the community involved (especially in cooperation with individuals involved with youth such as parents, teachers, coaches, youth workers, and members of the clergy).

''(4) MISSION AND STRATEGIES.—The coalition shall, with respect to the community involved—

''(A) have as its principal mission the reduction of illegal drug use, which, at a minimum, includes the use of illegal drugs described in section 1027(6)(A), in a comprehensive and long-term manner, with a primary focus on youth in the community;

''(B) describe and document the nature and extent of the substance use and misuse problem, which, at a minimum, includes the use and misuse of drugs described in section 1027(6)(A), in the community;

''(C)(i) provide a description of substance use and misuse prevention and treatment programs and activities, which, at a minimum, includes programs and activities relating to the use and misuse of drugs described in section 1027(6)(A), in existence at the time of the grant application; and

''(ii) identify substance use and misuse programs and service gaps, which, at a minimum, includes programs and gaps relating to the use and misuse of drugs described in section 1027(6)(A), in the community;

''(D) develop a strategic plan to reduce substance use and misuse among youth, which, at a minimum, includes the use and misuse of drugs described in section 1027(6)(A), in a comprehensive and long-term fashion; and

''(E) work to develop a consensus regarding the priorities of the community to combat substance use and misuse among youth, which, at a minimum, includes the use and misuse of drugs described in section 1027(6)(A).

''(5) SUSTAINABILITY.—The coalition shall demonstrate that the coalition is an ongoing concern by demonstrating that the coalition—

''(A) is—

''(i)(I) a nonprofit organization; or

''(II) an entity that the Administrator determines to be appropriate; or

''(ii) part of, or is associated with, an established legal entity;

''(B) receives financial support (including, in the discretion of the Administrator, in-kind contributions) from non-Federal sources; and

''(C) has a strategy to solicit substantial financial support from non-Federal sources to ensure that the coalition and the programs operated by the coalition are self-sustaining.

''(6) ACCOUNTABILITY.—The coalition shall—

''(A) establish a system to measure and report outcomes—

''(i) consistent with common indicators and evaluation protocols established by the Administrator; and

''(ii) approved by the Administrator;

''(B) conduct—

''(i) for an initial grant under this subchapter, an initial benchmark survey of drug use among youth (or use local surveys or performance measures available or accessible in the community at the time of the grant application); and

''(ii) biennial surveys (or incorporate local surveys in existence at the time of the evaluation) to measure the progress and effectiveness of the coalition; and

''(C) provide assurances that the entity conducting an evaluation under this paragraph, or from which the coalition receives information, has experience—

''(i) in gathering data related to substance use and misuse among youth; or

''(ii) in evaluating the effectiveness of community anti-drug coalitions.

''(7) ADDITIONAL CRITERIA.—The Director shall not impose any eligibility criteria on new applicants or renewal grantees not provided in this chapter.

''(b) GRANT AMOUNTS.—

''(1) IN GENERAL.—

''(A) GRANTS.—

''(i) IN GENERAL.—Subject to clause (iv), for a fiscal year, the Administrator may grant to an eligible coalition under this paragraph, an amount not to exceed the amount of non-Federal funds raised by the coalition, including in-kind contributions, for that fiscal year.

''(ii) SUSPENSION OF GRANTS.—If such grant recipient fails to continue to meet the criteria specified in subsection (a), the Administrator may suspend the grant, after providing written notice to the grant recipient and an opportunity to appeal.

''(iii) RENEWAL GRANTS.—Subject to clause (iv), the Administrator may award a renewal grant to a grant recipient under this subparagraph for each fiscal year following the fiscal year for which an initial grant is awarded, in an amount not to exceed the amount of non-Federal funds raised by the coalition, including in-kind contributions, for that fiscal year, during the 4-year period following the period of the initial grant.

''(iv) LIMITATION.—The amount of a grant award under this subparagraph may not exceed $125,000 for a fiscal year.

''(B) COALITION AWARDS.—

''(i) IN GENERAL.—Except as provided in clause (ii), the Administrator may, with respect to a community, make a grant to 1 eligible coalition that represents that community.

''(ii) EXCEPTION.—The Administrator may make a grant to more than 1 eligible coalition that represents a community if—

''(I) the eligible coalitions demonstrate that the coalitions are collaborating with one another; and

''(II) each of the coalitions has independently met the requirements set forth in subsection (a).

''(2) RURAL COALITION GRANTS.—

''(A) IN GENERAL.—

''(i) IN GENERAL.—In addition to awarding grants under paragraph (1), to stimulate the development of coalitions in sparsely populated and rural areas, the Administrator may award a grant in accordance with this section to a coalition that represents a county with a population that does not exceed 30,000 individuals. In awarding a grant under this paragraph, the Administrator may waive any requirement under subsection (a) if the Administrator considers that waiver to be appropriate.

''(ii) MATCHING REQUIREMENT.—Subject to subparagraph (C), for a fiscal year, the Administrator may grant to an eligible coalition under this paragraph, an amount not to exceed the amount of non-Federal funds raised by the coalition, including in-kind contributions, for that fiscal year.

''(iii) SUSPENSION OF GRANTS.—If such grant recipient fails to continue to meet any criteria specified in subsection (a) that has not been waived by the Administrator pursuant to clause (i), the Administrator may suspend the grant, after providing written notice to the grant recipient and an opportunity to appeal.

''(B) RENEWAL GRANTS.—The Administrator may award a renewal grant to an eligible coalition that is a grant recipient under this paragraph for each fiscal year following the fiscal year for which an initial grant is awarded, in an amount not to exceed the amount of non-Federal funds raised by the coalition, including in-kind contributions, during the 4-year period following the period of the initial grant.

''(C) LIMITATIONS.—

''(i) AMOUNT.—The amount of a grant award under this paragraph shall not exceed $125,000 for a fiscal year.

''(ii) AWARDS.—With respect to a county referred to in subparagraph (A), the Administrator may award a grant under this section to not more than 1 eligible coalition that represents the county.

''(3) ADDITIONAL GRANTS.—

''(A) IN GENERAL.—Subject to subparagraph (F), the Administrator may award an additional grant under this paragraph to an eligible coalition awarded a grant under paragraph (1) or (2) for any first fiscal year after the end of the 4-year period following the period of the initial grant under paragraph (1) or (2), as the case may be.

''(B) SCOPE OF GRANTS.—A coalition awarded a grant under paragraph (1) or (2), including a renewal grant under such paragraph, may not be awarded another grant under such paragraph, and is eligible for an additional grant under this section only under this paragraph.

''(C) NO PRIORITY FOR APPLICATIONS.—The Administrator may not afford a higher priority in the award of an additional grant under this paragraph than the Administrator would afford the applicant for the grant if the applicant were submitting an application for an initial grant under paragraph (1) or (2) rather than an application for a grant under this paragraph.

''(D) RENEWAL GRANTS.—Subject to subparagraph (F), the Administrator may award a renewal grant to a grant recipient under this paragraph for each of the fiscal years of the 4-fiscal-year period following the fiscal year for which the initial additional grant under subparagraph (A) is awarded in an amount not to exceed amounts as follows:

''(i) For the first and second fiscal years of that 4-fiscal-year period, the amount of the non-Federal funds, including in-kind contributions, raised by the coalition for the applicable fiscal year is not less than 125 percent of the amount awarded.

''(ii) For the third and fourth fiscal years of that 4-fiscal-year period, the amount of the non-Federal funds, including in-kind contributions, raised by the coalition for the applicable fiscal year is not less than 150 percent of the amount awarded.

''(E) SUSPENSION.—If a grant recipient under this paragraph fails to continue to meet the criteria specified in subsection (a), the Administrator may suspend the grant, after providing written notice to the grant recipient and an opportunity to appeal.

''(F) LIMITATION.—The amount of a grant award under this paragraph may not exceed $125,000 for a fiscal year.

''(4) PROCESS FOR SUSPENSION.—A grantee shall not be suspended or terminated under paragraph (1)(A)(ii), (2)(A)(iii), or (3)(E) unless that grantee is afforded a fair, timely, and independent appeal prior to such suspension or termination.

''(c) TREATMENT OF FUNDS FOR COALITIONS REPRESENTING CERTAIN ORGANIZATIONS.—Funds appropriated for the substance use and misuse activities of a coalition that includes a representative of the Bureau of Indian Affairs, the Indian Health Service, or a Tribal government agency with expertise in the field of substance use prevention may be counted as non-Federal funds raised by the coalition for purposes of this section.

''(d) PRIORITY IN AWARDING GRANTS.—In awarding grants under subsection (b)(1)(A)(i), priority shall be given to a coalition serving economically disadvantaged areas.

''§ 1023. Information collection and dissemination with respect to grant recipients

''(a) COALITION INFORMATION.—

''(1) GENERAL AUDITING AUTHORITY.—For the purpose of audit and examination, the Administrator—

''(A) shall have access to any books, documents, papers, and records that are pertinent to any grant or grant renewal request under this subchapter; and

''(B) may periodically request information from a grant recipient to ensure that the grant recipient meets the applicable criteria under section 1022(a).

''(2) APPLICATION PROCESS.—The Administrator shall issue a request for proposal regarding, with respect to the grants awarded under section 1022, the application process, grant renewal, and suspension or withholding of renewal grants. Each application under this paragraph shall be in writing and shall be subject to review by the Administrator.

''(3) REPORTING.—The Administrator shall, to the maximum extent practicable and in a manner consistent with applicable law, minimize reporting requirements by a grant recipient and expedite any application for a renewal grant made under this subchapter.

''(b) DATA COLLECTION AND DISSEMINATION.—

''(1) IN GENERAL.—The Administrator may collect data from—

''(A) national substance use and misuse organizations that work with eligible coalitions, community anti-drug coalitions, departments or agencies of the Federal Government, or State or local governments and the governing bodies of Indian Tribes; and

''(B) any other entity or organization that carries out activities that relate to the purposes of the Program.

''(2) ACTIVITIES OF ADMINISTRATOR.—The Administrator may—

''(A) evaluate the utility of specific initiatives relating to the purposes of the Program;

''(B) conduct an evaluation of the Program; and

''(C) disseminate information described in this subsection to—

''(i) eligible coalitions and other substance use prevention organizations; and

''(ii) the general public.

''(3) CONSULTATION.—The Administrator shall carry out activities under this subsection in consultation with the National Community Antidrug Coalition Institute.

''(4) LIMITATION ON USE OF CERTAIN FUNDS FOR EVALUATION OF PROGRAM.—Amounts for activities under paragraph (2)(B) may not be derived from amounts under section 1028(a) except for amounts that are available under section 1028(b) for administrative costs.

''§ 1024. Technical assistance and training

''(a) IN GENERAL.—

''(1) TECHNICAL ASSISTANCE AND AGREEMENTS.—With respect to any grant recipient or other organization, the Administrator may—

''(A) offer technical assistance and training; and

''(B) enter into contracts and cooperative agreements.

''(2) COORDINATION OF PROGRAMS.—The Administrator may facilitate the coordination of programs between a grant recipient and other organizations and entities.

''(b) TRAINING.—The Administrator may provide training to any representative designated by a grant recipient in—

''(1) coalition building;

''(2) task force development;

''(3) mediation and facilitation, direct service, assessment and evaluation; or

''(4) any other activity related to the purposes of the Program.

"§ 1025. Supplemental grants for coalition mentoring activities

''(a) AUTHORITY TO MAKE GRANTS.—As part of the Program, the Director may award an initial grant under this subsection, and renewal grants under subsection (f), to any coalition awarded a grant under section 1022 that meets the criteria specified in subsection (d) in order to fund coalition mentoring activities by such coalition in support of the program.

''(b) TREATMENT WITH OTHER GRANTS.—

''(1) SUPPLEMENT.—A grant awarded to a coalition under this section is in addition to any grant awarded to the coalition under section 1022.

''(2) REQUIREMENT FOR BASIC GRANT.—A coalition may not be awarded a grant under this section for a fiscal year unless the coalition was awarded a grant or renewal grant under section 1022(b) for that fiscal year.

''(c) APPLICATION.—A coalition seeking a grant under this section shall submit to the Administrator an application for the grant in such form and manner as the Administrator may require.

''(d) CRITERIA.—A coalition meets the criteria specified in this subsection if the coalition—

''(1) has been in existence for at least 5 years;

''(2) has achieved, by or through its own efforts, measurable results in the prevention and treatment of substance use and misuse among youth;

''(3) has staff or members willing to serve as mentors for persons seeking to start or expand the activities of other coalitions in the prevention and treatment of substance use and misuse;

''(4) has demonstrable support from some members of the community in which the coalition mentoring activities to be supported by the grant under this section are to be carried out; and

''(5) submits to the Administrator a detailed plan for the coalition mentoring activities to be supported by the grant under this section.

''(e) USE OF GRANT FUNDS.—A coalition awarded a grant under this section shall use the grant amount for mentoring activities to support and encourage the development of new, self-supporting community coalitions that are focused on the prevention and treatment of substance use and misuse in such new coalitions' communities. The mentoring coalition shall encourage such development in accordance with the plan submitted by the mentoring coalition under subsection (d)(5).

''(f) RENEWAL GRANTS.—The Administrator may make a renewal grant to any coalition awarded a grant under subsection (a), or a previous renewal grant under this subsection, if the coalition, at the time of application for such renewal grant—

''(1) continues to meet the criteria specified in subsection (d); and

''(2) has made demonstrable progress in the development of one or more new, self-supporting community coalitions that are focused on the prevention and treatment of substance use and misuse.

''(g) GRANT AMOUNTS.—

''(1) IN GENERAL.—Subject to paragraphs (2) and (3), the total amount of grants awarded to a coalition under this section for a fiscal year may not exceed the amount of non-Federal funds raised by the coalition, including in-kind contributions, for that fiscal year. Funds appropriated for the substance use and misuse activities of a coalition that includes a representative of the Bureau of Indian Affairs, the Indian Health Service, or a Tribal government agency with expertise in the field of substance use prevention may be counted as non-Federal funds raised by the coalition.

''(2) INITIAL GRANTS.—The amount of the initial grant awarded to a coalition under subsection (a) may not exceed $75,000.

''(3) RENEWAL GRANTS.—The total amount of renewal grants awarded to a coalition under subsection (f) for any fiscal year may not exceed $75,000.

''(h) FISCAL YEAR LIMITATION ON AMOUNT AVAILABLE FOR GRANTS.—The total amount available for grants under this section, including renewal grants under subsection (f), in any fiscal year may not exceed the amount equal to five percent of the amount authorized to be appropriated by section 1028 for that fiscal year.

''(i) PRIORITY IN AWARDING INITIAL GRANTS.—In awarding initial grants under this section, priority shall be given to a coalition that expressly proposes to provide mentorship to a coalition or aspiring coalition serving economically disadvantaged areas.

"§ 1026. Authorization for National Community Antidrug Coalition Institute

''(a) IN GENERAL.—The Director shall, using amounts authorized to be appropriated by subsection (d), make a competitive grant to provide for the continuation of the National Community Anti-drug Coalition Institute.

''(b) ELIGIBLE ORGANIZATIONS.—An organization eligible for the grant under subsection (a) is any national nonprofit organization that represents, provides technical assistance and training to, and has special expertise and broad, national-level experience in community antidrug coalitions under this subchapter.

''(c) USE OF GRANT AMOUNT.—The organization that receives the grant under subsection (a) shall continue a National Community Anti-Drug Coalition Institute to—

''(1) provide education, training, and technical assistance for coalition leaders and community teams, with emphasis on the development of coalitions serving economically disadvantaged areas;

''(2) develop and disseminate evaluation tools, mechanisms, and measures to better assess and document coalition performance measures and outcomes; and

''(3) bridge the gap between research and practice by translating knowledge from research into practical information.

''(d) AUTHORIZATION OF APPROPRIATIONS.—The Director shall, using amounts authorized to be appropriated by section 1028, make a grant of $2,000,000 under subsection (a), for each of the fiscal years 2019 through 2023.

"§ 1027. Definitions

''In this subchapter:

''(1) ADMINISTRATOR.—The term 'Administrator' means the Administrator appointed by the Director under section 1021(c).

''(2) COMMUNITY.—The term 'community' shall have the meaning provided that term by the Administrator.

''(3) ELIGIBLE COALITION.—The term 'eligible coalition' means a coalition that meets the applicable criteria under section 1022(a).

''(4) GRANT RECIPIENT.—The term 'grant recipient' means the recipient of a grant award under section 1022.

''(5) PROGRAM.—The term 'Program' means the program established under section 1021(a).

''(6) SUBSTANCE USE AND MISUSE.—The term 'substance use and misuse' means—

''(A) the illegal use or misuse of drugs, including substances for which a listing is in effect under any of schedules I through V under section 202 of the Controlled Substances Act (21 U.S.C. 812);

''(B) the misuse of inhalants or over the counter drugs; or

''(C) the use of alcohol, tobacco, or other related product as such use is prohibited by State or local law.

''(7) YOUTH.—The term 'youth' shall have the meaning provided that term by the Administrator.

"§ 1028. Drug–free communities reauthorization

''(a) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Office to carry out this subchapter $99,000,000 for each of the fiscal years 2019 through 2023.

''(b) ADMINISTRATIVE COSTS.—Not more than 8 percent of the funds appropriated for this subchapter may be used by the Office or, in the discretion of the Director, an agency delegated to carry out the program under section 1021(d) to pay for administrative costs associated with carrying out the program.''.

(d) TECHNICAL AND CONFORMING AMENDMENT.—The table of chapters for subtitle I of title 31, United States Code, is amended by adding at the end the following new item:

''10. Office of National Drug Control 1001''.

SEC. 3. HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—There is established in the Office a program to be known as the High Intensity Drug Trafficking Areas Program (in this section referred to as the ''Program'').

(2) PURPOSE.—The purpose of the Program is to reduce drug trafficking and drug production in the United States by—

(A) facilitating cooperation among Federal, State, local, and Tribal law enforcement agencies to share information and implement coordinated enforcement activities;

(B) enhancing law enforcement intelligence sharing among Federal, State, local, and Tribal law enforcement agencies;

(C) providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and

(D) supporting coordinated law enforcement strategies which maximize use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

(b) DESIGNATION.—

(1) IN GENERAL.—The Director, in consultation with the Attorney General, the Secretary of the Treasury, the Secretary of Homeland Security, the head of each National Drug Control Program Agency, and the Governor of each applicable State, may designate any specified area of the United States as a high intensity drug trafficking area.

(2) ACTIVITIES.—After making a designation under paragraph (1) and in order to provide Federal assistance to the area so designated, the Director may—

(A) obligate such sums as are appropriated for the Program;

(B) direct the temporary reassignment of Federal personnel to such area, subject to the approval of the head of the agency that employs such personnel;

(C) take any other action authorized under this section or chapter 10 of title 31, United States Code, as added by section 2(c), to provide increased Federal assistance to those areas; and

(D) coordinate activities under this section (specifically administrative, recordkeeping, and funds management activities) with State, local, and Tribal officials.

(c) PETITIONS FOR DESIGNATION.—The Director shall establish and maintain regulations under which a coalition of interested law enforcement agencies from an area may petition for designation as a high intensity drug trafficking area (in this section referred

to as the ''HIDTA''). Such regulations shall provide for a regular review by the Director of the petition, including a recommendation regarding the merit of the petition to the Director by a panel of qualified, independent experts.

(d) FACTORS FOR CONSIDERATION.—In considering whether to designate an area under this section as a high intensity drug trafficking area, the Director shall consider, in addition to such other criteria as the Director considers to be appropriate, the extent to which—

(1) the area is a significant center of illegal drug production, manufacturing, importation, or distribution;

(2) State, local, and Tribal law enforcement agencies have committed resources to respond to the drug trafficking problem in the area, thereby indicating a determination to respond aggressively to the problem;

(3) drug-related activities in the area are having a significant harmful impact in the area, and in other areas of the country; and

(4) a significant increase in allocation of Federal resources is necessary to respond adequately to drug-related activities in the area.

(e) ORGANIZATION OF HIGH INTENSITY DRUG TRAFFICKING AREAS.—

(1) EXECUTIVE BOARD AND OFFICERS.—To be eligible for funds appropriated under this section, each high intensity drug trafficking area shall be governed by an Executive Board. The Executive Board shall designate a chairman, vice chairman, and any other officers to the Executive Board that it determines are necessary.

(2) RESPONSIBILITIES.—The Executive Board of a high intensity drug trafficking area shall be responsible for—

(A) providing direction and oversight in establishing and achieving the goals of the high intensity drug trafficking area;

(B) managing the funds of the high intensity drug trafficking area;

(C) reviewing and approving all funding proposals consistent with the overall objective of the high intensity drug trafficking area; and

(D) reviewing and approving all reports to the Director on the activities of the high intensity drug trafficking area.

(3) BOARD REPRESENTATION.—None of the funds appropriated under this section may be expended for any high intensity drug trafficking area, or for a partnership or region of a high intensity drug trafficking area, if the Executive Board for such area, region, or partnership, does not apportion an equal number of votes between representatives of participating agencies and representatives of participating State, local, and Tribal agencies. Where it is impractical for an equal number of representatives of agencies and State, local, and Tribal agencies to attend a meeting of an Executive Board in person, the Executive Board may use a system of proxy votes or weighted votes to achieve the voting balance required by this paragraph.

(4) NO AGENCY RELATIONSHIP.—The eligibility requirements of this section are intended to ensure the responsible use of Federal funds. Nothing in this section is intended to create an agency relationship between individual high intensity drug trafficking areas and the Federal Government.

(f) USE OF FUNDS.—The Director shall ensure that not more than 5 percent of Federal funds appropriated for the Program are expended for substance use disorder treatment programs and not more than 5 percent of the Federal funds appropriated for the Program are expended for drug prevention programs.

(g) COUNTERTERRORISM ACTIVITIES.—

(1) ASSISTANCE AUTHORIZED.—The Director may authorize use of resources available for the Program to assist Federal, State, local, and Tribal law enforcement agencies in investigations and activities related to terrorism and prevention of terrorism, especially but not exclusively with respect to such investigations and activities that are also related to drug trafficking.

(2) LIMITATION.—The Director shall ensure—

(A) that assistance provided under paragraph (1) remains incidental to the purpose of the Program to reduce drug availability and carry out drug-related law enforcement activities; and

(B) that significant resources of the Program are not redirected to activities exclusively related to terrorism, except on a temporary basis under extraordinary circumstances, as determined by the Director.

(h) ROLE OF DRUG ENFORCEMENT ADMINISTRATION.—The Director, in consultation with the Attorney General, shall ensure that a representative of the Drug Enforcement Administration is included in the Intelligence Support Center for each high intensity drug trafficking area.

(i) EMERGING THREAT RESPONSE FUND.—

(1) IN GENERAL.—Subject to the availability of appropriations, the Director may expend up to 10 percent of the amounts appropriated under this section on a discretionary basis, in accordance with the criteria established under paragraph (2)—

(A) to respond to any emerging drug trafficking threat in an existing high intensity drug trafficking area;

(B) to establish a new high intensity drug trafficking area; or

(C) to expand an existing high intensity drug trafficking area.

(2) CONSIDERATION OF IMPACT.—In allocating funds under this subsection, the Director shall consider—

(A) the impact of activities funded on reducing overall drug traffic in the United States, or minimizing the probability that an emerging drug trafficking threat will spread to other areas of the United States; and

(B) such other criteria as the Director considers appropriate.

(j) ANNUAL HIDTA PROGRAM BUDGET SUBMISSIONS.—As part of the documentation that supports the President's annual budget request for the Office, the Director shall submit to Congress a budget justification that includes—

(1) the amount proposed for each HIDTA, conditional upon a review by the Office of the request submitted by such HIDTA and the performance of such HIDTA, with supporting narrative descriptions and rationale for each request;

(2) a detailed justification that explains—

(A) the reasons for the proposed funding level and how such funding level was determined based on a current assessment of the drug trafficking threat in each high intensity drug trafficking area;

(B) how such funding will ensure that the goals and objectives of each such area will be achieved; and

(C) how such funding supports the National Drug Control Strategy; and

(3) the amount of HIDTA funds used to investigate and prosecute organizations and individuals trafficking in each major illicit drug, as identified by the Director, in the prior calendar year, and a description of how those funds were used.

(k) HIDTA ANNUAL EVALUATION REPORT.—As part of each report submitted pursuant to section 1006(a) of title 31, United States Code, as added by section 2(c), the Director shall include, for each designated high intensity drug trafficking area, a report that—

(1) describes—

(A) the specific purposes for the high intensity drug trafficking area; and

(B) the specific long-term and short-term goals and objectives for the high intensity drug trafficking area;

(2) includes an evaluation of the performance of the high intensity drug trafficking area in accomplishing the specific long-term and short-term goals and objectives identified under subparagraph (1)(B);

(3) assesses the number and operation of all federally funded drug enforcement task forces within such high intensity drug trafficking area;

(4) describes—

(A) each Federal, State, local, and Tribal drug enforcement task force operating in such high intensity drug trafficking area;

(B) how such task forces coordinate with each other, with any high intensity drug trafficking area task force, and with investigations receiving funds from the Organized Crime and Drug Enforcement Task Force;

(C) what steps, if any, each such task force takes to share information regarding drug trafficking and drug production with other federally funded drug enforcement task forces in the high intensity drug trafficking area;

(D) the role of the high intensity drug trafficking area in coordinating the sharing of such information among task forces;

(E) the nature and extent of cooperation by each Federal, State, local, and Tribal participant in ensuring that such information is shared among law enforcement agencies and with the high intensity drug trafficking area;

(F) the nature and extent to which information sharing and enforcement activities are coordinated with joint terrorism task forces in the high intensity drug trafficking area; and

(G) any recommendations for measures needed to ensure that task force resources are utilized efficiently and effectively to reduce the availability of illegal drugs in the high intensity drug trafficking areas; and

(5) in consultation with the Director of National Intelligence—

(A) evaluates existing and planned law enforcement intelligence systems supported by such high intensity drug trafficking area, or utilized by task forces receiving any funding under the Program, including the extent to which such systems ensure access and availability of law enforcement intelligence to Federal, State, local, and Tribal law enforcement agencies within the high intensity drug trafficking area and outside of such area;

(B) evaluates the extent to which Federal, State, local, and Tribal law enforcement agencies participating in each high intensity drug trafficking area are sharing law enforcement intelligence information to assess current drug trafficking threats and design appropriate enforcement strategies; and

(C) identifies the measures needed to improve effective sharing of information and law enforcement intelligence regarding drug trafficking and drug production among Federal, State, local, and Tribal law enforcement participating in a high intensity drug trafficking area, and between such agencies and similar agencies outside the high intensity drug trafficking area.

(l) COORDINATION OF LAW ENFORCEMENT INTELLIGENCE SHARING WITH ORGANIZED CRIME DRUG ENFORCEMENT TASK FORCE PROGRAM.—

(1) DRUG ENFORCEMENT INTELLIGENCE SHARING.—The Director, in consultation with the Attorney General, shall ensure that any drug enforcement intelligence obtained by the Intelligence Support Center for each high intensity drug trafficking area is shared, on a timely basis, with the drug intelligence fusion center operated by the Organized Crime Drug Enforcement Task Force of the Department of Justice.

(2) CERTIFICATION.—Before the Director awards any funds to a high intensity drug trafficking area, the Director shall certify that the law enforcement entities participating in that HIDTA are providing laboratory seizure data to the national clandestine laboratory database at the El Paso Intelligence Center.

(m) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Office to carry out this section $280,000,000 for each fiscal years 2019 through 2023.

(n) SPECIFIC PURPOSES.—

(1) IN GENERAL.—The Director shall ensure that, of the amounts appropriated for a fiscal year for the Program, at least 2.5 percent is used in high intensity drug trafficking areas with severe neighborhood safety and illegal drug distribution problems.

(2) REQUIRED USES.—The funds used under paragraph (1) shall be used to ensure the safety of neighborhoods and the protection of communities, including the prevention of the intimidation of witnesses of illegal drug distribution and related activities and the establishment of or support for programs that provide protection or assistance to witnesses in court proceedings.

(3) BEST PRACTICE MODELS.—The Director shall work with the HIDTAs to develop and maintain best practice models to assist State, local, and Tribal governments in addressing witness safety, relocation, financial and housing assistance, or any other services related to witness protection or assistance in cases of illegal drug distribution and related activities. The Director shall ensure dissemination of the best practice models to each HIDTA.

SEC. 4. OPIOID CRISIS RESPONSE.

(a) EMERGING THREAT DESIGNATION.—The Director shall designate opioids and opioid analogues as emerging drug threats, in accordance with section 1009 of title 31, United States Code, as added by section 2(c).

(b) OPIOID RESPONSE PLAN.—

(1) ISSUANCE.—Not later than 60 days after the date of the enactment of this Act, the Director shall publish, make publicly available, and notify the President and the appropriate congressional committees of, the plan required under section 1009 of title 31, United States Code, as added by section 2(c), to be designated as the ''National Opioid Crisis Response Plan''.

(2) CONTENTS.—The Director shall ensure the plan establishes measurable goals, including reducing fatal and non-fatal overdoses, and includes the following:

(A) An initiative to ensure the United States mail is effectively screened to prevent illicit drugs from entering the United States, including—

(i) designating the United States Postal Service as a National Drug Control Program Agency;

(ii) directing the United States Postal Service and any other related National Drug Control Program Agency to take any appropriate actions necessary to reduce the amount of illicit drugs entering the country; and

(iii) developing an international coordination plan, in consultation with the National Drug Control Program Agencies and in accordance with section 1010 of such title 31, United States Code, as added by section 2(c), to include efforts to address international drug control initiatives and strengthen bilateral and multilateral strategies to reduce illicit drugs and precursor chemicals from entering the United States through international mail or across land borders or ports of entry.

(B) Support for universal adoption of evidence-based prescribing guidelines, including—

(i) establishing a task force to supplement existing prescribing guidelines with evidence-based standards and to facilitate, coordinate, and, as appropriate, conduct research to inform such guidelines;

(ii) encouraging the adoption of evidence-based prescribing guidelines by each relevant agency, State and local governments, and private sector organizations;

(iii) issuing guidance to National Drug Control Program Agencies to, as appropriate, revise regulations to ensure professionals have effective continuing education requirements; and

(iv) disseminating and encouraging the adoption of best practices and evidence-based guidelines for effective prescribing practices.

(C) A program to monitor the prescription drug market and illicit drug market for changes in trends relevant to reducing the supply or demand of such drugs.

(D) An initiative to facilitate and coordinate Federal, State and local government initiatives, studies, and pilot or demonstration programs designed to evaluate the benefits of drug courts and related programs that reduce substance use prevalence.

(E) A program, developed in coordination with the private sector, to—

(i) facilitate the development of treatment and abuse-deterrent products, in accordance with section 1010(c) of title 31, United States Code, as added by section 2(c); and

(ii) encourage the expansion of medication disposal programs and technology.

(F) Initiatives to—

(i) encourage the National Drug Control Program Agencies and the program established under section 1010(d) of title 31, United States Code, as added by section 2(c), to prioritize the development of sentencing standards or model codes for trafficking opioids and opioid analogues; and

(ii) to advise States on establishing laws and policies to address opioid issues based on the recommendations developed and set forth by the President's Commission on Combating Drug Addiction and the Opioid Crisis.

(G) A program to identify successful college recovery programs, including sober housing programs that provide a shared living residence free of alcohol or illicit drug use for individuals recovering from drug or alcohol addiction and substance use disorders, on college campuses and disseminate best practices to Colleges and Universities to increase the number and capacity of such programs.

(H) Convening working groups, consisting of the appropriate National Drug Control Program Agencies, State, local and Tribal governments, and other appropriate stakeholders, established in accordance with section 1010 of title 31, United States Code, as added by section 2(c)—

(i) to support Prescription Drug Monitoring Programs by—

(I) facilitating the sharing and interoperability of program data among States and Federal prescription drug monitoring programs;

(II) assisting States in increasing utilization of such programs;

(III) facilitating efforts to incorporate available overdose and naloxone deployment data into such programs;

(IV) evaluating barriers to integrating program data with electronic health records; and

(V) offering recommendations to address identified barriers; and

(ii) to develop standards, and encourage the use of such standards, for the collection of data necessary to understand and monitor the opioid crisis, including—

(I) State medical examiner reports on deaths caused by overdoses and related statistical data; and

(II) first responder opioid intoxication incidents.

(I) Research initiatives, to be initiated not later than 30 days after the issuance of the plan, to evaluate the uses and barriers to use of and the effects of improving the following programs:

(i) Medication Assisted Treatment.

(ii) Data collection systems used to confirm opioid use by individuals who have been arrested or hospitalized.

(J) A requirement for an Advisory Committee on Substance Use Disorder Treatment Standards, to be established not later than 120 days after the issuance of the plan, to promulgate model evidence-based standards for substance use disorder treatment and recovery facilities which—

(i) shall be chaired by the Director;

(ii) shall include as members of the advisory committee representatives of the relevant National Drug Control Program Agencies;

(iii) may include as members of the advisory committee government regulators, State representatives, consumer representatives, substance use disorder treatment providers, recovery residence owners and operators, and purchasers of substance use disorder treatments; and

(iv) shall ensure such model standards are promulgated no later than 2 years after the date of the issuance of the plan.

(c) RECOMMENDATIONS.—Not later than 1 year after the date of the enactment of this Act, the Director shall submit to the appropriate congressional committees a report on the results of the initiatives conducted under subsection (b)(2)(I) and may include recommendations based on such results.

(d) GRANT REPORT TO CONGRESS.—Not later than 1 year after the date of the enactment of this Act, the Director shall submit to the appropriate congressional committees an assessment on the feasibility of block grants of Federal funding to States.

SEC. 5. EXCEPTIONS AND RULES OF CONSTRUCTION.

(a) INAPPLICABILITY TO CERTAIN PROGRAMS.—This Act, and the amendments made by this Act, shall not apply to the National Intelligence Program and the Military Intelligence Program, unless such program or an element of such program is designated as a National Drug Control Program—

(1) by the President; or

(2) jointly by—

(A) in the case of the National Intelligence Program, the Director and the Director of National Intelligence; or

(B) in the case of the Military Intelligence Program, the Director, the Director of National Intelligence, and the Secretary of Defense.

(b) CLASSIFIED INFORMATION.—Any contents of any report required under this Act, or the amendments made by this Act, that involve information properly classified under criteria established by an Executive order shall be presented to Congress separately from the rest of such report.

(c) USE OF EXISTING RESOURCES.—To the extent practicable, the Director and the head of each agency shall use existing procedures and systems to carry out agency requirements under this Act, and the amendments made by this Act.

SEC. 6. GAO AUDIT AND REPORTS.

Not later than three and six years after the date of the enactment of this Act, the Comptroller General shall—

(1) conduct an audit relating to the programs and operations of—

(A) the Office; and

(B) certain programs within the Office, including—

(i) the High Intensity Drug Trafficking Areas Program;

(ii) the Drug-Free Communities Program; and

(iii) the campaign under section 1009(d) of title 31, as added by section 2(c); and

(2) submit to the Director and the appropriate congressional committees a report containing an evaluation of and recommendations on the—

(A) policies and activities of the programs and operations subject to the audit;

(B) economy, efficiency, and effectiveness in the administration of the reviewed programs and operations; and

(C) policy or management changes needed to prevent and detect fraud and abuse in such programs and operations.

SEC. 7. REPEALS.

(a) REPEALS TO THE LAW.—The following provisions are repealed:

(1) The Office of National Drug Control Policy Reauthorization Act of 1998 (Public Law 105–277; 21 U.S.C. 1701 et seq.).

(2) Chapter 2 of the National Narcotics Leadership Act of 1988 (Public Law 100–690; 21 U.S.C. 1501 et seq.).

(3) Section 203 of the Office of National Drug Control Policy Reauthorization Act of 2006 (Public Law 109–469; 21 U.S.C. 1708a).

(4) Section 1105 of the Office of National Drug Control Policy Reauthorization Act of 2006 (Public Law 109–469; 21 U.S.C. 1701 note).

(5) Section 1110 of Office of National Drug Control Policy Reauthorization Act of 2006 (Public Law 109–469; 21 U.S.C. 1705 note).

(6) Section 1110A of the Office of National Drug Control Policy Reauthorization Act of 2006 (Public Law 109–469; 21 U.S.C. 1705 note).

(7) Section 4 of Public Law 107–82 (21 U.S.C. 1521 note).

(b) EFFECT ON THE CODE.—The Law Revision Counsel shall ensure that the website and any other publication issued after the date of the enactment of this Act for the Office of the Law Revision Counsel shows that the laws reflected in subchapter II of chapter 20 and chapter 22 of nonpositive law title 21 of the United States Code have been repealed.

SEC. 8. DEFINITIONS.

In this Act, the terms ''agency'', ''appropriate congressional committees'', ''Director'', ''drug'', ''emerging drug threat,'' ''illicit drug use'', ''illicit drugs'', ''National Drug Control Program Agencies'', and ''Office'' have the meaning given those terms in section 1001 of title 31, United States Code, as added by section 2(c).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. MITCHELL) and the gentleman from Maryland (Mr. CUMMINGS) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. MITCHELL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. MITCHELL. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5925, introduced by the gentleman from South Carolina, Chairman GOWDY.

The Coordinated Response through Interagency Strategy and Information Sharing, or CRISIS, Act is a bill to reauthorize the Office of National Drug Control. This relatively small office plays an important role in coordinating the Nation's drug control efforts. The office has become increasingly important as we look to engage governmentwide initiatives to combat the opioid epidemic.

Over the past 2 weeks, we have passed many good bills to help combat the opioid epidemic. Each will move us closer to ending the opioid crisis.

This bill is a critical piece of the puzzle. It ensures Federal, State, and local governments work with each other and other nongovernmental entities to achieve the results we are seeking. Congress needs to provide the Office of National Drug Control the authorities it needs to lead the effort to combat the opioid crisis. The CRISIS Act does just that.

The CRISIS Act updates and reaffirms the office's important role. That includes strengthening certain authorities to empower the office in the midst of this devastating epidemic.

The opioid epidemic has impacted nearly every community across the Nation. One person dies about every 4 hours from an opioid overdose. One of the most important aspects of this bill is a comprehensive response plan. It is not enough to simply have a plan. We need action and follow-through to end the opioid crisis.

The CRISIS Act requires measurable objectives so we know whether the programs we are funding are working.

Accountability is at the heart of this bill. The CRISIS Act requires the Office of National Drug Control to develop a national strategy to be carried out by a wide array of agencies. It then requires the office to oversee and coordinate implementation of that strategy each year. It requires the office to measure whether the agencies are meeting the specific goals of that strategy.

Our colleagues in the House and Senate are advancing a number of bills to address the opioid epidemic, and new initiatives are being announced daily. I offered an amendment in committee markup, with the support of Congressman RASKIN, which brings in requirements from the CODE RED Act, sponsored by the gentleman from Pennsylvania (Mr. ROTHFUS).

The CODE RED Act and the amendment require a coordinated tracking system of the Federal funding to be put toward drug control efforts throughout the country. This system includes a central repository of grants related to substance abuse treatment, prevention, and enforcement, and to identify those which are duplicative.

The government needs to know exactly what it is spending, where it is going, and if it is working. This is not the time to invest in ineffective strategies. We need to identify resources that work and apply Federal resources accordingly.

I would like to thank my fellow committee members for accepting the amendment, the gentleman from Maryland (Mr. RASKIN) for offering it with me, and, of course, Mr. ROTHFUS for all the work he has done in finding an effective approach to tackle the opioid crisis.

There are many bills and proposals that seek to end the opioid crisis, but it will only be possible with commitment to a coordinated strategy and a unified approach. This bill, through the reauthorization of the Office of National Drug Control, will provide the coordination, strategy, and unified approach we need.

This is an important and timely bill. I urge my colleagues to support it, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC, June 5, 2018.

Hon. EDWARD ROYCE,
Chairman, Committee on Foreign Affairs, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: On May 23, 2018, the Committee on Oversight and Government Reform ordered reported H.R. 5925, the ''Coordinated Response through Interagency Strategy and Information Sharing Act,'' with an amendment, by voice vote. The bill was referred primarily to the Committee on Oversight and Government Reform, with additional referrals to the Committees on Energy and Commerce, Foreign Affairs, the Judiciary, Intelligence, and Appropriations.

I ask you allow the Committee on Foreign Affairs to be discharged from further consideration of the bill so it may be scheduled for floor consideration by the Majority Leader. This discharge in no way affects your jurisdiction over the subject matter of the bill, and it will not serve as precedent for future referrals. In addition, should a conference on the bill be necessary, I would support your request to have the Committee on Foreign Affairs represented on the conference committee. Finally, I would be pleased to include this letter and any response in the bill report filed by the Committee on Oversight and Government Reform, as well as in the Congressional Record during floor consideration, to memorialize our understanding.

Thank you for your consideration of my request.

Sincerely,

TREY GOWDY.

HOUSE OF REPRESENTATIVES, COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC, June 5, 2018.

Hon. TREY GOWDY,
Chairman, Committee on Oversight and Government Reform, Washington, DC.

DEAR CHAIRMAN GOWDY: Thank you for consulting with the Committee on Foreign Affairs on H.R. 5925, the Coordinated Response through Interagency Strategy and Information Sharing Act, and for accommodating appropriate edits in the amended text of the bill.

I agree that the Foreign Affairs Committee may be discharged from further action on this bill, subject to the understanding that this waiver does not in any way diminish or alter the jurisdiction of the Foreign Affairs Committee, or prejudice its jurisdictional prerogatives on this bill or similar legislation in the future. The Committee also reserves the right to seek an appropriate number of conferees to any House-Senate conference involving this bill, and would appreciate your support for any such request.

I ask that you place our exchange of letters into the Congressional Record during floor consideration of the bill. I appreciate your cooperation, and look forward to continuing to work with you as this measure moves through the legislative process.

Sincerely,

EDWARD R. ROYCE,
Chairman.

HOUSE OF REPRESENTATIVES, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC, June 8, 2018.

Hon. DEVIN NUNES,
Chairman, Permanent Select Committee on Intelligence, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: On May 23, 2018, the Committee on Oversight and Government Reform ordered reported H.R. 5925, the ''Coordinated Response through Interagency Strategy and Information Sharing Act,'' with an amendment, by voice vote. The bill was referred primarily to the Committee on Oversight and Government Reform, with additional referrals to the Committees on Energy and Commerce, Foreign Affairs, the Judiciary, Intelligence, and Appropriations.

I ask you allow the Permanent Select Committee on Intelligence to be discharged from further consideration of the bill so it may be scheduled for floor consideration by the Majority Leader. This discharge in no way affects your jurisdiction over the subject matter of the bill, and it will not serve as precedent for future referrals. In addition, should a conference on the bill be necessary, I would support your request to have the Permanent Select Committee on Intelligence represented on the conference committee. Finally, I would be pleased to include this letter and any response in the bill report filed by the Committee on Oversight and Government Reform, as well as in the Congressional Record during floor consideration, to memorialize our understanding.

Thank you for your consideration of my request.

Sincerely,

TREY GOWDY.

HOUSE OF REPRESENTATIVES, PERMANENT SELECT COMMITTEE ON INTELLIGENCE,
Washington, DC, June 11, 2018.

Hon. TREY GOWDY,
Chairman, Committee on Government and Oversight Reform, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: On May 23, 2018, H.R. 5925, the ''Coordinate Response through Interagency Strategy and Information Sharing Act'' was additionally referred to the Permanent Select Committee on Intelligence.

In order to expedite the House's consideration of the measure, and in response to your letter dated June 8, 2018, the Permanent Select Committee on Intelligence will forgo consideration of the measure. This courtesy is conditioned on our mutual understanding and agreement that it will in no way diminish or alter the jurisdiction of the Permanent Select Committee on Intelligence with respect to any future jurisdictional claim over the subject matter contained in the resolution or any similar measure. I appreciate your support to the appointment of Members from the Permanent Select Committee on Intelligence to any House-Senate conference on this legislation.

I would appreciate you including our exchange of letters in the Congressional Record during floor consideration of H.R. 5925. Thank you for the cooperative spirit in which you have worked regarding this and other matters between our respective committees.

Sincerely,

DEVIN NUNES,
Chairman.

HOUSE OF REPRESENTATIVES, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC, June 18, 2018.

Hon. RODNEY FRELINGHUYSEN,
Chairman, Committee on Appropriations, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: On May 23, 2018, the Committee on Oversight and Government Reform ordered reported H.R. 5925, the Coordinated Response through Interagency Strategy and Information Sharing Act, with an amendment, by voice vote. The bill was referred primarily to the Committee on Oversight and Government Reform, with additional referrals to the Committees on Energy and Commerce, Foreign Affairs, the Judiciary, Intelligence, and Appropriations.

I ask you allow the Committee on Appropriations to be discharged from further consideration of the bill so it may be scheduled for floor consideration by the Majority Leader. This discharge in no way affects your jurisdiction over the subject matter of the bill, and it will not serve as precedent for future referrals. In addition, should a conference on the bill be necessary, I would support your request to have the Committee on Appropriations represented on the conference committee. Finally, I would be pleased to include this letter and any response in the bill report filed by the Committee on Oversight and Government Reform, as well as in the Congressional Record during floor consideration, to memorialize our understanding.

Thank you for your consideration of my request.

Sincerely,

TREY GOWDY.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON APPROPRIATIONS,
Washington, DC, June 19, 2018.

Hon. TREY GOWDY,
Chairman, Committee on Oversight and Government Reform, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter regarding H.R. 5925, the Coordinated Response through Interagency Strategy and Information Sharing Act. As you know, certain provisions of the bill fall within the jurisdiction of Committee on Appropriations.

So that H.R. 5925 may proceed expeditiously to the House Floor, I agree to discharging the Committee on Appropriations from further consideration thereof, subject to the understanding that forgoing formal consideration of the bill will not prejudice the Committee on Appropriations with respect to any future jurisdictional claim. The Committee on Appropriations also reserves the right to seek an appropriate number of conferees to any House-Senate conference on this or related legislation.

I request you include our exchange of letters in the bill report filed by your Committee, as well as in the Congressional Record during consideration of the bill on the floor.

Sincerely,

RODNEY P. FRELINGHUYSEN.

HOUSE OF REPRESENTATIVES, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC, June 19, 2018.

Hon. BOB GOODLATTE,
Chairman, Committee on the Judiciary, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: On May 23, 2018, the Committee on Oversight and Government Reform ordered reported H.R. 5925, the Coordinated Response through Interagency Strategy and Information Sharing Act, with an amendment, by voice vote. The bill was referred primarily to the Committee on Oversight and Government Reform, with additional referrals to the Committees on Energy and Commerce, Foreign Affairs, the Judiciary, Intelligence, and Appropriations.

I ask you allow the Committee on the Judiciary to be discharged from further consideration of the bill so it may be scheduled for floor consideration by the Majority Leader. This discharge in no way affects your jurisdiction over the subject matter of the bill, and it will not serve as precedent for future referrals. In addition, should a conference on the bill be necessary, I would support your request to have the Committee on the Judiciary represented on the conference committee. Finally, I would be pleased to include this letter and any response in the bill report filed by the Committee on Oversight and Government Reform, as well as in the Congressional Record during floor consideration, to memorialize our understanding.

Thank you for your consideration of my request.

Sincerely,

TREY GOWDY.

HOUSE OF REPRESENTATIVES, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC, June 19, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: On May 23, 2018, the Committee on Oversight and Government Reform ordered reported H.R. 5925, the Coordinated Response through Interagency Strategy and Information Sharing Act, with an amendment, by voice vote. The bill was referred primarily to the Committee on Oversight and Government Reform, with additional referrals to the Committees on Energy and Commerce, Foreign Affairs, the Judiciary, Intelligence, and Appropriations.

I ask you allow the Committee on Energy and Commerce to be discharged from further consideration of the bill so it may be scheduled for floor consideration by the Majority Leader. This discharge in no way affects your jurisdiction over the subject matter of the bill, and it will not serve as precedent for future referrals. In addition, should a conference on the bill be necessary, I would support your request to have the Committee on Energy and Commerce represented on the conference committee. Finally, I would be pleased to include this letter and any response in the bill report filed by the Committee on Oversight and Government Reform, as well as in the Congressional Record during floor consideration, to memorialize our understanding.

Thank you for your consideration of my request.

Sincerely,

TREY GOWDY.

Mr. CUMMINGS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to thank Chairman GOWDY for his leadership and for working together to craft this legislation. I thank Chairman MEADOWS and Ranking Member CONNOLLY for helping us reach the compromises that made this legislation possible.

In 1988, Mr. Speaker, Congress created the Office of National Drug Control Policy. This is the office that should be coordinating our Nation's drug control efforts and leading our response to the drug crisis, which is now,

by the way, killing 175 people per day. Let me repeat that: killing 175 people per day.

However, ONDCP is failing, just when we need it the most. In fact, an article published this week described the office this way: ''empty desks, squabbles, inexperienced staff.''

The failure is glaring. For example, the office is required to produce a national drug control strategy by February 1 of each year. Two February 1sts have now come and two have gone since President Trump took office, but the Trump administration still has not come up with a solution to this most glaring and painful problem. This is simply unacceptable.

Life expectancy in this Nation is falling because we are failing to respond appropriately to this drug crisis. We urgently need to revitalize and strengthen ONDCP.

H.R. 5925, the CRISIS Act, would make changes we need and would improve our drug control efforts if it is fully funded and implemented—fully funded and implemented.

□ 1215

It would expand the office's authority to direct resources where they are most needed. It would strengthen data collection and analysis to help us develop the real-time monitoring we need to understand the rapidly changing dimensions of the opioid crisis.

The bill incorporates several proposals I have offered to give ONDCP new authorities to coordinate critical aspects of our response to the crisis.

I have often said that we must go about the business of being effective and efficient in what we do. These are examples of things that will make ONDCP more effective and efficient in addressing this problem.

For example, for the first time ever, it would create a treatment coordinator within the office responsible for coordinating efforts to expand the availability and quality of evidence-based treatment.

It would also require the office to develop and promulgate model standards for treatment facilities. Right now, too many so-called treatment facilities are taking advantage of desperate families, charging them outlandish prices, bilking insurance companies, but failing to help those in need. As a matter of fact, many people are going into these places seeking to get treatment and come out worse off because they are not being properly treated.

Remember what I said: We want to be effective and efficient in what we do, and we want to make sure that taxpayers' dollars are spent appropriately.

I believe that if H.R. 5925 is enacted and fully implemented, it will improve our drug control efforts, and, for that reason, I am supporting the measure.

However, I want to be real clear about something. Even if this bill is enacted and fully implemented, the drug crisis we are facing will likely get worse. That is because this bill does not provide the resources we need to treat millions of Americans who have the disease of addiction. According to the President's own commission on opioids, only 10 percent of individuals who need treatment for substance abuse disorders are getting it.

No one believes that we can fight cancer, or heart disease, or Alzheimer's if we don't treat people who have these diseases. The same is true here.

Imagine someone going into a doctor's office and the doctor says: Well, you are the 10th person, and you are lucky to get treatment. But the other nine who came before you won't get any treatment.

We will not stand for that. If we don't treat people who are addicted, we will not solve the drug crisis.

We may pass this bill today, celebrate the passage, and say we did a great job. We may work with the Senate to send it to the President. The President might even sign it. But then, next year's overdose fatality numbers will come out. They will show that deaths are continuing to rise. They will show emergency room visits increasing again. They will show the economic effects of a crisis that is already costing us $500 billion a year continuing to grow.

It doesn't have to be this way. No, it doesn't have to be this way. We don't have to just nibble at the edges or rearrange the deck chairs on the Titanic.

I have introduced legislation called the CARE Act with Senator ELIZABETH WARREN, modeled directly on the highly successful Ryan White Act, which Congress passed with bipartisan support in 1990 to address the AIDS crisis.

The CARE Act would provide $10 billion a year in stable, predictable Federal funding to States, counties, and other frontline responders. The CARE Act would provide funds for research to train health professionals to diagnose and treat addiction. It would also provide half a billion dollars per year to purchase the lifesaving drug naloxone at discounted prices and distribute it to first responders, public health agencies, and the public.

I offered the CARE Act as an amendment to this measure considered this week. My amendment was paid for by rolling back just a portion of the tax cuts given by the Republican-controlled Congress to the Nation's largest corporations, including the drug companies who have used their tax breaks to buy back billions of dollars' worth of stock rather than lower drug prices. By the way, there is something wrong with that picture.

But the Republican leadership did not make my amendment in order. The House never considered it.

I support H.R. 5925 and our critical efforts to ensure that we have an office that will effectively and efficiently coordinate our drug control efforts. However, what our Nation truly needs is for us to show the political courage to choose to save the lives of our fellow Americans by adequately funding treatment.

Mr. Speaker, I reserve the balance of my time.

Mr. MITCHELL. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I appreciate the support of my colleague for this bipartisan effort to address the opioid crisis in this country. I also appreciate his emphasis on effectively and efficiently addressing that crisis.

I will note that in the last appropriation cycle, we increased funding for opioid treatment by almost $4 billion in this year alone. There is much work to be done; it is a crisis; and we will work together to address that crisis.

Mr. Speaker, I yield 5 minutes to the gentleman from North Carolina (Mr. MEADOWS), the cosponsor of the bill.

Mr. MEADOWS. Mr. Speaker, I thank the gentleman for his leadership on this particular initiative in managing this bill.

Mr. Speaker, I rise in support of H.R. 5925, the CRISIS Act, a bill I cosponsored with Chairman GOWDY; my good friend, the ranking member, Mr. CUMMINGS; as well as the ranking member of the Government Operations Subcommittee and good friend, Mr. CONNOLLY.

I want to begin by thanking my colleagues for coming together on this bipartisan bill. H.R. 5925 reauthorizes the Office of National Drug Control Policy and gives the office greater responsibility by enhancing the office's authority to coordinate and oversee the national drug control program at the national, State, and local levels.

It provides communities with a process for sharing information and best practices, and implements recommendations from the President's opioid commission.

It requires an opioid response plan to coordinate with the private sector the implementation of the commission's recommendations and to facilitate the development of treatment and abuse-deterrent products.

Finally, this bill designates the United States Postal Service as a national drug control program agency and requires the office to coordinate actions to reduce the flow of illicit drugs entering the country through the mail.

The ongoing opioid epidemic has taken countless lives, touching literally every community in the country. The national response to this epidemic involves Federal, State, and local governments. It involves the treatment community, the medical community, the law enforcement community, and places of worship.

As we mobilize a national response, we must ensure that every effort to combat this epidemic works and works well. We have all heard too many tragic, life-changing, and, far too often, life-ending stories of opioid addiction.

There is no easy way to end this epidemic. By establishing an effective national response to this epidemic, this bill will support the people and the communities struggling with this addiction.

Mr. Speaker, it is the very lives of our friends, our neighbors, and our family members that depend on us.

Mr. Speaker, I urge my colleagues to support this bill.

I would also like to go a little bit further, though, because so many times, when we come together in a bipartisan way, it is Members of Congress who are up here taking the credit for the hard work of a group that actually, behind the scenes, are doing the work. I thank all of the majority staff—Katy Rother, Richard Burkard, Betsy Ferguson, and Sarah Vance; and to Ranking Member CUMMINGS' staff, for all of their work and dedication as well. And I also thank Sally Walker from the Office of Legislative Counsel. Many times, they do the work on the bills behind the scene and nobody ever sees them or thanks them. So, on this day, I want to make sure that we acknowledge their effort, that it doesn't go unnoticed.

Mr. CUMMINGS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to take a moment, before I yield to my distinguished colleague, Mr. CONNOLLY, to echo what my good friend just said about our staffs.

I, too, thank our staffs for all that they have done. So often they are unseen, unnoticed, and feel, I am sure, unappreciated and unapplauded. But our staffs worked very, very hard on this, and I, too, give the ultimate applause to them. I want to thank you for recognizing them.

Mr. Speaker, I also thank Mr. MEADOWS for working so hard to bring all this together.

Mr. Speaker, I yield 6 minutes to the gentleman from Virginia (Mr. CONNOLLY), the ranking member of the Oversight and Government Reform Committee, a man who has just been tireless on this issue and so many others, but who has done such a phenomenal job.

Mr. CONNOLLY. Mr. Speaker, I thank my friend from Michigan (Mr. MITCHELL) and my good friend from North Carolina (Mr. MEADOWS) for their leadership. But I particularly want to thank my good friend from Maryland (Mr. CUMMINGS).

Mr. CUMMINGS is not only a legislative expert, but he is also a moral voice. He speaks with clarity and eloquence, as he did yesterday, about innocent children being detained at the southern border as an un-American activity, something that does not reflect our values. And today, he is lending that same moral voice to the crisis that afflicts so many communities in America: the opioid addiction crisis.

Mr. Speaker, I rise today in support of the Coordinated Response through Interagency Strategy and Information Sharing Act, or the CRISIS Act, to reauthorize and revamp the Office of National Drug Control Policy.

The chairman and ranking member of our full committee worked closely together and with committee members to produce a bipartisan bill that was reported out of the committee unanimously.

I am proud to be an original cosponsor of the CRISIS Act, which not only reauthorizes ONDCP, but also strengthens that office so that it has the resources it needs to coordinate an effective response to the opioid crisis. And that is something Mr. CUMMINGS stressed. It is not good enough to do something symbolic. We have to ensure it is effective. ONDCP's responsibilities are to produce a national drug control strategy.

□ 1230

Congress created it in 1988 at the height of the crack cocaine epidemic to oversee Federal drug control efforts and to advise the President and the administration on drug control policies and strategies.

It was designed to oversee the National Drug Control Budget to carry out the goals and policies of that strategy, and to evaluate the effectiveness of programs across the Federal Government in implementing the strategy, and to oversee the High Intensity Drug Trafficking Areas and Drug Free Communities initiatives.

Congress last authorized the ONDCP in 2006. The authorization expired in 2010. That is 8 years ago. Since then, we have developed an opioid crisis the magnitude of which we have never seen in America.

While ONDCP has continued to receive annual appropriations, it is important that Congress reauthorize this program and reflect the crisis we are in.

The opioid epidemic that is currently ravaging communities has taken hundreds of thousands of lives and shows no signs of abating. Every day, 115 Americans die from an opioid overdose.

The epidemic is destroying families, overwhelming first responders, straining public health, criminal justice, and child welfare resources.

This epidemic doesn't care where you live or what political party you belong to. The crisis has touched every community and every corner of our country.

In my State, the Commonwealth of Virginia, opioid overdose deaths spiked by 40 percent to 1,133 from 2015 to 2016, and deaths from synthetic opioids rose from 263 to 692 during that time period.

Northern Virginia, where I represent the good people of Fairfax and Prince William Counties, Fairfax County, for example, reported an increase from 67 to 97 opioid-related deaths from 2015 to 2016. And Prince William County, the other county I represent, increased from 26 to 59 deaths in this time period.

Last month, Dr. Rahul Gupta, Commissioner of the West Virginia Bureau of Public Health, testified before our committee, and he said that the crisis will get worse before it gets better. That was not welcome news.

Yet despite the President's pledges and his own Commission on Combating Drug Addiction and the Opioid Crisis recommendation that he declare an opioid crisis national emergency, the President, President Trump, took the lesser step of declaring a public health emergency last October.

Seventeen months into this administration, ONDCP is still without a confirmed director and the administration has failed to produce a National Drug Control Strategy.

Instead, the President, President Trump, proposed cutting ONDCP's budget by more than 90 percent. Thank goodness Congress, on a bipartisan basis, did not heed that recommendation.

Just earlier this week, the acting head of the Drug Enforcement Agency announced he is going to be retiring at the end of the month, stating that running that agency in an acting capacity for so long had become increasingly challenging.

As this administration continues to fail to address the opioid epidemic, it is imperative that we take immediate and decisive action on a bipartisan basis.

Reauthorizing the Office of National Drug Control Policy with enhanced authorities will improve the coordination and effectiveness of Federal Government drug control efforts. It is one of the many steps we can take to address the opioid epidemic. It won't solve everything, but it is a very important first step.

I hope the administration will join us in fighting this crisis with real solutions and not empty rhetoric.

Mr. Speaker, I hope my colleagues will join us in supporting this important bill.

Mr. MITCHELL. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I appreciate the support of my colleague from Virginia (Mr. CONNOLLY) for this bipartisan effort. I certainly hope the American people have the opportunity to see this effort as we address this crisis on a bipartisan basis. Far too frequently, they see conflict and disagreement put forth by media and other sources, but there is a great deal we work together on, and I think we need to stress that as we talk to people about this crisis.

Mr. Speaker, in a moment, I will yield to the gentleman from Pennsylvania (Mr. ROTHFUS), but first let me give him credit, because he is the sponsor of legislation on which my amendment was based, H.R. 5980, the CODE RED Act.

The CODE RED Act, like the amendment I offered with Mr. RASKIN in committee, requires a coordinated tracking system of Federal funding put towards drug control efforts throughout our country. It is a smart idea, especially given the opioid epidemic in our Nation and the costs of it, and I strongly supported it.

Mr. Speaker, I yield 5 minutes to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, I thank Mr. MITCHELL for yielding.

Mr. Speaker, I rise in support of H.R. 5925, the Coordinated Response through Interagency Strategy and Information Sharing Act, or the CRISIS Act.

This bill reauthorizes the Office of National Drug Control Policy, which has not been reauthorized in a very long time. It makes needed overhauls and updates to the office and even streamlines the name of the office to the Office of National Drug Control, or ONDC.

Mr. Speaker, I commend Chairman GOWDY and Ranking Member CUMMINGS for working in a bipartisan manner. I also thank Representative MITCHELL and Representative RASKIN for working with me to incorporate the first two recommendations of the President's opioid commission into the CRISIS Act.

I introduced a separate bill, the Coordinated Overdose and Drug Epidemic Response to the Emergency Declaration Act, or CODE RED Act, that authorizes ONDC to address those commission recommendations.

ONDC will now be authorized to implement a coordinated tracking system of all federally-funded initiatives and grants. This will help identify barriers and gaps in Federal efforts responding to the opioid crisis and it identifies places where efforts are being duplicated and potentially wasted. This legislation improves the grant application process by standardizing and streamlining it.

The mission here is to deploy Federal resources to localities that need them quickly and efficiently instead of localities wasting valuable time and resources filling out various agency applications.

More broadly, the CRISIS Act will foster better government coordination and strategic planning. ONDC has cross-agency jurisdiction to coordinate the efforts among different agencies, like HHS and DOJ. When agencies work together, the force-multiplying effect can make a huge difference.

We are making progress on the opioid crisis. Bipartisan bills like the CRISIS Act will help win this fight and help the people engage in the fight, like the North Hills of Pittsburgh's Tracy Lawless.

Tracy participated in the President's Commission on Combating Drug Addiction and continues to help find solutions back in Pennsylvania.

Mr. Speaker, I thank her and everyone else who is making a difference.

Mr. MITCHELL. Mr. Speaker, I want to make the gentleman from Maryland aware that I have no further speakers and I am prepared to close.

Mr. Speaker, I reserve the balance of my time.

Mr. CUMMINGS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, in closing, I must point out that my Republican colleagues say they want to address the opioid crisis, yet they are standing silent as the Trump administration actively tries to destroy the Affordable Care Act protections for people with pre-existing conditions, which, by the way, includes substance use disorders.

If we aren't going to take available steps to expand access to addiction treatment, at least we should all agree that we shouldn't roll back protections that prevent insurance companies from discriminating against people with substance use disorders. Therefore, we should all be working to protect the Affordable Care Act from the Trump administration's effort to destroy the essential protections it provides.

Again, I remind all of us that ONDCP is a very important entity and it has a job to do, and it must be properly funded.

A lot of people, when they give statistics about opioids and drugs, Mr. Speaker, they find themselves speaking about the dead. Well, I am here to tell you that there are pipelines to death, and those are the people who are addicted now. Those are the ones who are thinking about it, about to start using those drugs. So we must address not only the deaths and the statistics, but we must address treatment that is effective and efficient.

Mr. Speaker, again, I am urging my colleagues to vote for this bill, but I want it to be clear that we should not dust our hands off and say it is done.

It is not done. There is so much more to do.

Mr. Speaker, I urge all Members to vote for this legislation, and I yield back the balance of my time.

Mr. MITCHELL. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I appreciate my colleague's support of the bill. In my brief time here, a year and a half, it has become abundantly clear to me that rarely do we get to dust off our hands and say we are done around here.

It has also become clear to me that the debate of the bill rarely stays on the topic of the bill or solely on the topic of the bill. You see, the ACA, the Affordable Care Act, is not the sole approach to addressing healthcare issues in this country, preexisting conditions, or the preexisting conditions that are affected by drug abuse.

I believe when we passed the American Health Care Act in this House, that that addressed preexisting conditions, treatment for substance abuse, and, using the words of my colleague, did so more effectively and efficiently than the Affordable Care Act does now.

We clearly disagree on that. I respect that, and will continue to work on it.

Today, we are dealing with this bill.

Mr. Speaker, I urge my colleagues to support passage of this bill, because I believe that H.R. 5925 is an important step not only in reauthorizing the Office of National Drug Control, but also in providing additional resources to do so.

Mr. Speaker, I urge adoption the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. MEADOWS). The question is on the motion offered by the gentleman from Michigan (Mr. MITCHELL) that the House suspend the rules and pass the bill, H.R. 5925, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

OVERDOSE PREVENTION AND PATIENT SAFETY ACT

Mr. BURGESS. Mr. Speaker, pursuant to House Resolution 949, I call up the bill (H.R. 6082) to amend the Public Health Service Act to protect the confidentiality of substance use disorder patient records, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 949, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115–75 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 6082

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Overdose Prevention and Patient Safety Act''.

SEC. 2. CONFIDENTIALITY AND DISCLOSURE OF RECORDS RELATING TO SUBSTANCE USE DISORDER.

(a) CONFORMING CHANGES RELATING TO SUBSTANCE USE DISORDER.—Subsections (a) and (h) of section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) are each amended by striking ''substance abuse'' and inserting ''substance use disorder''.

(b) DISCLOSURES TO COVERED ENTITIES CONSISTENT WITH HIPAA.—Paragraph (2) of section 543(b) of the Public Health Service Act (42 U.S.C. 290dd–2(b)) is amended by adding at the end the following:

''(D) To a covered entity or to a program or activity described in subsection (a), for the purposes of treatment, payment, and health care operations, so long as such disclosure is made in accordance with HIPAA privacy regulation. Any redisclosure of information so disclosed may only be made in accordance with this section.''.

(c) DISCLOSURES OF DE-IDENTIFIED HEALTH INFORMATION TO PUBLIC HEALTH AUTHORITIES.—Paragraph (2) of section 543(b) of the Public Health Service Act (42 U.S.C. 290dd–2(b)), as amended by subsection (b), is further amended by adding at the end the following:

''(E) To a public health authority, so long as such content meets the standards established in section 164.514(b) of title 45, Code of Federal Regulations (or successor regulations) for creating de-identified information.''.

(d) DEFINITIONS.—Subsection (b) of section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) is amended by adding at the end the following:

''(3) DEFINITIONS.—For purposes of this subsection:

''(A) COVERED ENTITY.—The term 'covered entity' has the meaning given such term for purposes of HIPAA privacy regulation.

''(B) HEALTH CARE OPERATIONS.—The term 'health care operations' has the meaning given such term for purposes of HIPAA privacy regulation.

''(C) HIPAA PRIVACY REGULATION.—The term 'HIPAA privacy regulation' has the meaning given such term under section 1180(b)(3) of the Social Security Act.

''(D) INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.—The term 'individually identifiable health information' has the meaning given such term for purposes of HIPAA privacy regulation.

''(E) PAYMENT.—The term 'payment' has the meaning given such term for purposes of HIPAA privacy regulation.

''(F) PUBLIC HEALTH AUTHORITY.—The term 'public health authority' has the meaning given such term for purposes of HIPAA privacy regulation.

''(G) TREATMENT.—The term 'treatment' has the meaning given such term for purposes of HIPAA privacy regulation.''.

(e) USE OF RECORDS IN CRIMINAL, CIVIL, OR ADMINISTRATIVE INVESTIGATIONS, ACTIONS, OR PROCEEDINGS.—Subsection (c) of section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) is amended to read as follows:

''(c) USE OF RECORDS IN CRIMINAL, CIVIL, OR ADMINISTRATIVE CONTEXTS.—Except as otherwise authorized by a court order under subsection (b)(2)(C) or by the consent of the patient, a record referred to in subsection (a) may not—

''(1) be entered into evidence in any criminal prosecution or civil action before a Federal or State court;

''(2) form part of the record for decision or otherwise be taken into account in any proceeding before a Federal agency;

''(3) be used by any Federal, State, or local agency for a law enforcement purpose or to conduct any law enforcement investigation of a patient; or

''(4) be used in any application for a warrant.''.

(f) PENALTIES.—Subsection (f) of section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) is amended to read as follows:

''(f) PENALTIES.—The provisions of sections 1176 and 1177 of the Social Security Act shall apply to a violation of this section to the extent and in the same manner as such provisions apply to a violation of part C of title XI of such Act. In applying the previous sentence—

''(1) the reference to 'this subsection' in subsection (a)(2) of such section 1176 shall be treated as a reference to 'this subsection (including as applied pursuant to section 543(f) of the Public Health Service Act)'; and

''(2) in subsection (b) of such section 1176—

''(A) each reference to 'a penalty imposed under subsection (a)' shall be treated as a reference to 'a penalty imposed under subsection (a) (including as applied pursuant to section 543(f) of the Public Health Service Act)'; and

''(B) each reference to 'no damages obtained under subsection (d)' shall be treated as a reference to 'no damages obtained under subsection (d) (including as applied pursuant to section 543(f) of the Public Health Service Act)'.''.

(g) ANTIDISCRIMINATION.—Section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) is amended by adding at the end the following:

''(i) ANTIDISCRIMINATION.—

''(1) IN GENERAL.—No entity shall discriminate against an individual on the basis of information received by such entity pursuant to a disclosure made under subsection (b) in—

''(A) admission or treatment for health care;

''(B) hiring or terms of employment;

''(C) the sale or rental of housing; or

''(D) access to Federal, State, or local courts.

''(2) RECIPIENTS OF FEDERAL FUNDS.—No recipient of Federal funds shall discriminate against an individual on the basis of information received by such recipient pursuant to a disclosure made under subsection (b) in affording access to the services provided with such funds.''.

(h) NOTIFICATION IN CASE OF BREACH.—Section 543 of the Public Health Service Act (42 U.S.C. 290dd–2), as amended by subsection (g), is further amended by adding at the end the following:

''(j) NOTIFICATION IN CASE OF BREACH.—

''(1) APPLICATION OF HITECH NOTIFICATION OF BREACH PROVISIONS.—The provisions of section 13402 of the HITECH Act (42 U.S.C. 17932) shall apply to a program or activity described in subsection (a), in case of a breach of records described in subsection (a), to the same extent and in the same manner as such provisions apply to a covered entity in the case of a breach of unsecured protected health information.

''(2) DEFINITIONS.—In this subsection, the terms 'covered entity' and 'unsecured protected health information' have the meanings given to such terms for purposes of such section 13402.''.

(i) SENSE OF CONGRESS.—It is the sense of the Congress that any person treating a patient through a program or activity with respect to which the confidentiality requirements of section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) apply should access the applicable State-based prescription drug monitoring program as a precaution against substance use disorder.

(j) REGULATIONS.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in consultation with appropriate Federal agencies, shall make such revisions to regulations as may be necessary for implementing and enforcing the amendments made by this section, such that such amendments shall apply with respect to uses and disclosures of information occurring on or after the date that is 12 months after the date of enactment of this Act.

(2) EASILY UNDERSTANDABLE NOTICE OF PRIVACY PRACTICES.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with appropriate experts, shall update section 164.520 of title 45, Code of Federal Regulations, so that covered entities provide notice, written in plain language, of privacy practices regarding patient records referred to in section 543(a) of the Public Health Service Act (42 U.S.C. 290dd–2(a)), including—

(A) a statement of the patient's rights, including self-pay patients, with respect to protected health information and a brief description of how the individual may exercise these rights (as required by paragraph (b)(1)(iv) of such section 164.520); and

(B) a description of each purpose for which the covered entity is permitted or required to use or disclose protected health information without the patient's written authorization (as required by paragraph (b)(2) of such section 164.520).

(k) DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS FOR SUBSTANCE USE DISORDER PATIENT RECORDS.—

(1) INITIAL PROGRAMS AND MATERIALS.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this subsection as the ''Secretary''), in consultation with appropriate experts, shall identify the following model programs and materials (or if no such programs or materials exist, recognize private or public entities to develop and disseminate such programs and materials):

(A) Model programs and materials for training health care providers (including physicians, emergency medical personnel, psychiatrists, psychologists, counselors, therapists, nurse practitioners, physician assistants, behavioral health facilities and clinics, care managers, and hospitals, including individuals such as general counsels or regulatory compliance staff who are responsible for establishing provider privacy policies) concerning the permitted uses and disclosures, consistent with the standards and regulations governing the privacy and security of substance use disorder patient records promulgated by the Secretary under section 543 of the Public Health Service Act (42 U.S.C. 290dd–2), as amended by this section, for the confidentiality of patient records.

(B) Model programs and materials for training patients and their families regarding their rights to protect and obtain information under the standards and regulations described in subparagraph (A).

(2) REQUIREMENTS.—The model programs and materials described in subparagraphs (A) and (B) of paragraph (1) shall address circumstances under which disclosure of substance use disorder patient records is needed to—

(A) facilitate communication between substance use disorder treatment providers and other health care providers to promote and provide the best possible integrated care;

(B) avoid inappropriate prescribing that can lead to dangerous drug interactions, overdose, or relapse; and

(C) notify and involve families and caregivers when individuals experience an overdose.

(3) PERIODIC UPDATES.—The Secretary shall—

(A) periodically review and update the model programs and materials identified or developed under paragraph (1); and

(B) disseminate such updated programs and materials to the individuals described in paragraph (1)(A).

(4) INPUT OF CERTAIN ENTITIES.—In identifying, reviewing, or updating the model programs and materials under this subsection, the Secretary shall solicit the input of relevant stakeholders.

(l) RULES OF CONSTRUCTION.—Nothing in this Act or the amendments made by this Act shall be construed to limit—

(1) a patient's right, as described in section 164.522 of title 45, Code of Federal Regulations, or any successor regulation, to request a restriction on the use or disclosure of a record referred to in section 543(a) of the Public Health Service Act (42 U.S.C. 290dd–2(a)) for purposes of treatment, payment, or health care operations; or

(2) a covered entity's choice, as described in section 164.506 of title 45, Code of Federal Regulations, or any successor regulation, to obtain the consent of the individual to use or disclose a record referred to in such section 543(a) to carry out treatment, payment, or health care operation.

(m) SENSE OF CONGRESS.—It is the sense of the Congress that—

(1) patients have the right to request a restriction on the use or disclosure of a record referred to in section 543(a) of the Public Health Service Act (42 U.S.C. 290dd–2(a)) for treatment, payment, or health care operations; and

(2) covered entities should make every reasonable effort to the extent feasible to comply with a patient's request for a restriction regarding such use or disclosure.

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided and controlled by the chair and the ranking minority member of the Committee on Energy and Commerce.

The gentleman from Texas (Mr. BURGESS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and insert extraneous material on H.R. 6082.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, over the course of the past several months, the Energy and Commerce's Subcommittee on Health held four legislative hearings on bills to address the opioid epidemic and reported 57 bills to the full committee. Of those 57 bills, only one received its own discrete hearing. That bill was H.R. 6082, the Overdose Prevention and Patient Safety Act, introduced by Representatives MULLIN and BLUMENAUER.

□ 1245

As a physician, I believe it is vital that doctors have all of the appropriate information to determine the proper course of treatment for a patient, ensuring patient safety and privacy, as required by Federal regulation known as HIPAA. The Overdose Prevention and Patient Safety Act maintains the original intent of the 1970s statute behind 42 CFR part 2 by protecting patients and improving care coordination.

In fact, the bill increases protections for those seeking treatment by more severely penalizing those who illegally share patient data than under the current statute. Current part 2 law does not protect individuals from discrimination based on their treatment records and, to this date, there have been no criminal actions undertaken to enforce part 2.

This bill has a wide range of support from national and State organizations. Since the bill was introduced, the Energy and Commerce Committee has heard from over 100 organizations in its support.

Arguably, the most notable support for this legislation comes from the Substance Abuse and Mental Health Services Administration in the Department of Health and Human Services. Dr. Elinore McCance-Katz, the Assistant Secretary for Mental Health and Substance Use, wrote to Mr. MULLIN in March, stating that SAMHSA ''is encouraged to see Congress examine the benefits of aligning part 2 with HIPAA. Patient privacy is, of course, critical but so too is patient access to safe, effective, and coordinated treatment.''

I agree with Dr. McCance-Katz that in order to ensure patient safety, physicians must have secure access to patient records, including substance use disorder information. When this information is not provided to healthcare professionals, they may end up prescribing medications that have dangerous drug interactions or may lead a patient who is in recovery to be inappropriately prescribed an opioid and fall back into addiction.

One particular complication driven by 42 CFR part 2 directly impacts the care for pregnant women and their infants. For women who are pregnant, part 2 does not allow redisclosure of substance use disorder medical documentation to the women's OB/GYN doctor, primary care physician, or health home without their written consent. This leads to fragmented care, which opens up the mother and her baby to potential harm.

Centerstone, one of the Nation's largest not-for-profit healthcare organizations, notes that ''mothers who continue to use during pregnancy and who do not wish to sign secondary releases to allow their care providers to treat them comprehensively put their unborn children at risk for addiction.''

Centerstone watches these women and their infants suffer right before their eyes, but, because of part 2, Centerstone cannot share the information to ensure that the mother and baby are getting proper care.

As an OB/GYN physician myself, I cannot imagine having this information withheld. Such a situation would leave me with the inability to treat the whole patient and ensure that the mother is healthy and her baby is not on a path for addiction.

In another situation, a patient was referred to a treatment center following an emergency room visit for an overdose. The patient was not able to give written consent to his providers due to acute intoxication. Due to a lack of written consent and 42 CFR part 2, the treatment facility could not communicate to the ER and learn about the patient's condition or confirm that the patient had, indeed, enrolled in a drug treatment center, further delaying critical care coordination.

There is clear evidence that part 2 is a massive roadblock to providing safe, quality, and coordinated care to individuals suffering from substance use disorder.

The issue of the stigma associated with substance use disorder has been a constant in all of the discussions that we have had, both in our offices and in our hearings. In April, we heard from numerous individuals who were parents of children who died from opioid overdoses. Some noted that their children were afraid to seek help from their families or from healthcare professionals because they were embarrassed or they felt stigmatized.

We should enable physicians to fully care for these patients suffering from substance use disorder as if they had any other disease. The Overdose Prevention and Patient Safety Act will do just that.

The first step in addressing a problem is admitting that it exists. I would like to pose a question to those who are arguing against this legislation:

If we continue to silo the substance use disorder treatment information of a select group of patients rather than integrating it into our medical records and comprehensive care models, how can we ensure that these patients are, in fact, receiving quality care? How can we really treat substance use disorder like all other complex health conditions?

H.R. 6082 ensures adequate patient data protection in accordance with Federal law, with HIPAA. There are provisions in the language that ensure that the data may only be used for purposes of treatment, payment, or healthcare operations. Substance use disorder data cannot be used in criminal, civil, or administrative investigations, actions, or proceedings without patient consent or a court order.

Additionally, the legislation explicitly prohibits discrimination against an individual on the basis of their patient needs. Currently, part 2 includes no antidiscrimination protections and no protections for individuals if there is a data breach or improper disclosure.

Think about that for a minute, Mr. Speaker. This was a 1970s-era law. There were not data breaches back in the 1970s. 42 CFR part 2 was never intended to protect a patient in the instance of a data breach.

Should any entity or individual share patient data under H.R. 6082, they, in fact, will be severely penalized.

There is a reason why SAMHSA and most of the healthcare stakeholder community is asking for this change. Clearly, there is an issue here that must be addressed. This opioid crisis is devastating our country. Passing the Overdose Prevention and Patient Safety Act will enable greater coordination among healthcare providers in providing quality, effective care for individuals across the country who are battling substance use disorder.

My thanks to Mr. MULLIN on the Energy and Commerce Committee and to Mr. BLUMENAUER for introducing this legislation that is of utmost importance.

I urge strong support for the bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in opposition to H.R. 6082, the Overdose Prevention and Patient Safety Act. This legislation would greatly harm our efforts to combat the opioid epidemic. If we really want to turn the tide on this crisis, we must find ways to get more people into treatment for opioid use disorder.

In 2016, there were about 21 million Americans aged 12 or older in need of substance use disorder treatment, but only 4 million of those 21 million actually received treatment. That means 17 million people are going without the treatment they need. Failure to get individuals with opioid use disorder into treatment increases risk of fatal and nonfatal overdoses as people continue to seek out illicit opioids as part of their addiction. The increasing presence of fentanyl in our drug supply only heightens this concern.

Strategies that increase the number of people getting into and remaining in treatment are particularly important because, as these treatment statistics show, major challenges exist to getting people with substance use disorders to enter treatment in the first place. And this House should not—and I stress ''should not''—take any action that puts at risk people seeking treatment for any substance use disorder, but particularly opioid use disorders.

Unfortunately, this bill risks doing just that: reducing the number of people willing to come forward and remain

in treatment because they worry about the negative consequences that seeking treatment can have on their lives. And this is a very real concern.

This bill weakens privacy protections that must be in place for some people to feel comfortable about starting treatment for their substance use disorder. Ensuring strong privacy protections is critical to maintaining an individual's trust in the healthcare system and a willingness to obtain needed health services, and these protections are especially important where very sensitive information is concerned.

The information that may be included in the treatment records of a substance use disorder patient are particularly sensitive because disclosure of substance use disorder information can create tangible vulnerabilities that are not the same as other medical conditions. For example, you are not incarcerated for having a heart attack; you cannot legally be fired for having cancer; and you are not denied visitation to your children due to sleep apnea.

According to SAMHSA, the negative consequences that can result from the disclosure of an individual's substance use disorder treatment record can include loss of employment, loss of housing, loss of child custody, discrimination by medical professionals and insurers, arrest, prosecution, and incarceration. These are real risks that keep people from getting treatment in the first place.

While I understand that the rollback of the existing privacy protections to the HIPAA standard would limit permissible disclosures without patient consent to healthcare organizations, this ignores the reality: It may be illegal for information to be disclosed outside these healthcare organizations, but we know, Mr. Speaker, that information does get out. Breaches do happen.

Remember the recent large-scale Aetna breach that disclosed some of its members' HIV status?

But there are also small-scale breaches that don't make the news that can have devastating consequences for patients trying to recover and get treatment. For example, a recent ProPublica investigation detailed instances where a healthcare organization's employee peeked at the record of a patient 61 times and posted details on Facebook, while another improperly shared a patient's health information with the patient's parole officer. Breaches such as this are very concerning and could occur more often as a result of this legislation.

While I appreciate the sponsor's efforts to alleviate these concerns, I do not believe the potential harm that could be caused by eliminating the patient consent requirement under existing law for treatment, payment, and healthcare operations can be remedied through the measures included in this bill. The inclusion of these provisions cannot compensate for the risk of stigma, discrimination, and negative health and life outcomes for individuals with opioid use disorder that could result from the weakening of the existing privacy protections, and that is why every substance use disorder patient group has come out in opposition to this bill.

According to the Campaign to Protect Patient Privacy Rights, a coalition of more than 100 organizations: ''Using the weaker HIPAA privacy rule standard of allowing disclosure of substance use disorder information without patient consent for treatment, payment, and healthcare operations will contribute to the existing level of discrimination and harm to people living with substance use disorders.''

The Campaign goes on to say: ''This will only result in more people who need substance use disorder treatment being discouraged and afraid to seek the healthcare they need during the Nation's worst opioid crisis.''

This is a risk we simply should not take, and yet the majority is bringing this bill to the floor today, despite the very real concerns of these experts. These groups uniquely understand what is at stake from this legislation because many of their members live with or are in fear of the negative consequences that result from the disclosure of substance use disorder diagnosis and treatment information.

In fact, the negative consequences that will result from the disclosure of someone's substance use disorder would solely affect that individual and their family. They will bear the burden if we get this wrong. They could be at risk of potentially losing custody of their child and their freedom by the increased risk of improper disclosure of their medical record if this bill becomes law.

These risks may simply just keep them from seeking potentially lifesaving treatment. That is why substance use disorder treatment providers have also raised concerns.

The South Carolina Association of Opioid Dependence explained: ''Even with the growing awareness that substance use disorders are a disease, the unfortunate truth is that persons with substance use disorder are still actively discriminated against . . . such as a baby being taken away from a new mother because she is on methadone for an opioid use disorder, despite longstanding compliance with her treatment and abstinence from illegal drug use.''

Another provider, Raise the Bottom Addiction Treatment, one of two medical-assisted treatment facilities in Idaho, explained that ''our patients come from every walk of life, including professionals and executives within our community. Their anonymity and privacy is of utmost importance because their careers, families, and livelihood often depend on it.

''Knowing that people may seek treatment without fear of backlash and discrimination is often a deciding factor when considering entering treatment.

''To undo this protection will deeply affect one's ability and willingness to seek help. . . . Not only can the members of our community not afford to lose their right to confidentiality, but we as a nation cannot afford to move backwards in our fight to combat this opiate crisis.''

□ 1300

So again, Mr. Speaker, these are the words of experts on the frontline fighting this epidemic. People who suffer from substance use disorder should be able to decide with whom to share their treatment records from programs and for what purposes. Those rights are taken away from them under this legislation, and I believe that is wrong.

As we face a tragic national drug abuse problem, the scale of which our country has never seen, I believe maintaining the heightened privacy protections under existing law remains vital to ensuring all individuals with substance use disorder can seek treatment for their substance use disorder with confidence that their right to privacy will be protected. To do otherwise at this time is just too great a risk, and I strongly urge my colleagues to listen to the experts on the subject and to vote ''no'' on this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Oklahoma (Mr. MULLIN), the principal sponsor of the bill and a valuable member of the Energy and Commerce Committee.

Mr. MULLIN. Mr. Speaker, I rise today to speak in support of my bill, H.R. 6082, the Overdose Prevention and Patient Safety Act.

My colleague Mr. BLUMENAUER and I introduced this bill to help physicians fight the opioid epidemic. The Overdose Prevention and Patient Safety Act allows the flow of information among healthcare providers and health planners for the purpose of treatment, payment, and healthcare operations.

Unfortunately, there is an outdated Federal Government mandate, 42 CFR part 2, which is creating a firewall between doctors and patients.

My bill, the Overdose Prevention and Patient Safety Act, will give doctors access to patients' addiction medical information that can integrate their care, prevent tragic overdoses, and improve patient safety.

SAMHSA has stated: ''The practice of requiring substance use disorder information to be any more private than information regarding other chronic illnesses, such as cancer or heart disease, may in itself be stigmatizing. Patients with substance use disorders seeking treatment for any condition have a right to healthcare providers who are fully equipped with the information needed to provide the highest quality care available.''

When a person violates part 2, it is referred to the Justice Department,

and there is only a $50 penalty. There have been zero cases—let me repeat that—there have been zero cases in which part 2 was enforced or any action taken by the Department of Justice or SAMHSA.

The penalties for noncompliance underneath HIPAA are based on the level of negligence and can range from $100 to $50,000 per violation, with a maximum of $1.5 million per year.

There have been 173,472 HIPAA violations since 2003, with 97 percent of those complaints resolved.

Patients, doctors, hospitals, and a broad spectrum of stakeholders agree we need to end this outdated Federal Government mandate helping prevent the private sector's innovation.

Mr. Speaker, I encourage my colleagues to support the Overdose Prevention and Patient Safety Act.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Mr. Speaker, I appreciate Mr. PALLONE's courtesy in permitting me to speak on this bill. I respect his efforts, and I respect a number of his concerns. But I do think that the work that we have done with Mr. MULLIN, with the committee, and I appreciate the subcommittee's extra efforts to work through these elements, listen to people's objections, and to do it right.

There has been no argument that this provision has cost lives. The failure in emergency rooms, other circumstances, for people to not be able to get the full picture of a patient's condition ends up sometimes with tragic consequences. We have yet to hear any reason why we shouldn't coordinate.

Now, I appreciate concerns about patient privacy, but as Dr. BURGESS and my friend from Oklahoma point out, we are strengthening provisions under this bill for disclosure. People don't want to stigmatize those with substance abuse, we agree. But having a separate system that people have to go through just for substance abuse implies a stigma. People will think there is something wrong with these people. You don't do this for AIDS anymore. This harmonizes with all the other HIPAA provisions.

Candidly, forcing people to go through yet another step probably raises questions about the validity of disclosure, raising questions in the minds of those who go through that.

Mr. Speaker, we have made, I think, tremendous progress dealing with stigma, dealing with patient protection, what we have done for mental health, which has devastating consequences in some cases if people's records were revealed. Think what has happened with HIV/AIDS. There was a time when that would end up with people not just having a stigma but at risk of losing their jobs, being ostracized.

These are the same provisions in this bill that are there for HIV/AIDS or mental health, for everything under HIPAA.

I really do think that we take a step back, understanding that having separate authorizations complicates the coordination and integration of treatment. Oftentimes, behavioral health information doesn't arrive in an orderly fashion. It is another step of complication that could have tragic consequences.

In fact, the subcommittee's record demonstrates that. There have been examples where people have died because the medical providers did not have the full picture of the patient. This legislation will fix it.

Mr. BURGESS. Mr. Speaker, I yield 5 minutes to the gentleman from Oregon (Mr. WALDEN), the chairman of the full committee.

Mr. WALDEN. Mr. Speaker, I want to thank Dr. BURGESS, the chairman of the Subcommittee on Health, for his fine leadership on this issue, along with our colleagues, Mr. MULLIN and my friend from Oregon and colleague, Mr. BLUMENAUER, who put a lot of work into this. I commend my colleague from Oregon for his strong statement in support of this legislation.

Combating the opioid epidemic has been a top priority of all of us in this Congress and especially on the Energy and Commerce Committee, which I chair.

We have committed the last year and a half to examining the ways we can respond to save lives, to help people in our communities, and to end this deadly, deadly epidemic.

During that time, I have heard a lot of stories, both at the hearings here in the Nation's Capital and back home in Oregon, where I have held multiple roundtables and meetings in the communities about what we need to do to help the outcome of patients; our neighbors, our friends, in some cases family members, who are dealing with these addictions.

An extraordinary array of people, including patients, parents of those suffering with addiction, the Oregon Hospital Association, Oregon Governor Kate Brown, physicians, and substance use disorder treatment providers, have all told me and our committee that existing Federal confidentiality regulations and statute known as 42 CFR part 2, or simply part 2, are working against—working against—patients and making it harder to effectively treat addiction. There is hardly anyone in the healthcare sector that we have not heard from on this issue.

One story that really comes to mind is that of Brandon McKee. Brandon's brother, Dustin, testified before our Health Subcommittee when we reviewed a near identical version of this legislation back in May.

Tragically, Brandon had died of an opioid overdose at just 36 years of age. He left behind three young children.

Speaking about his passing, his brother Dustin told the subcommittee: ''Brandon's death was preventable. However, in part because of the antiquated provisions contained within 42 CFR part 2, the medical professionals that prescribed him opiate-based pain medications were not able to identify him as a high-risk individual.''

You see, Brandon was prescribed opioids after back surgery on two separate occasions despite his history of substance use disorder. Within a few months of his second surgery, Brandon fatally overdosed on heroin. That is why this bill is so important.

Health records for substance use disorder are the only—only—records that are siloed in this way, preventing physicians from seeing the complete picture of a patient they are treating. The doctors don't know.

All other protected health information for every other disease falls under HIPAA. The Overdose Prevention and Patient Safety Act will help align Federal privacy standards for substance use disorder treatment information more closely with HIPAA so that our doctors and our addiction specialists can provide the highest and safest level of treatment.

In short, this bill will improve coordination of care for patients suffering from substance use disorder and save lives by helping to prevent overdoses and dangerous drug interactions.

Now, I fully respect and understand the privacy concerns that some still have, and the sensitivities about the idea of making changes to a statute that has been in place since the 1970s, long before HIPAA. That is why Representatives MULLIN and BLUMENAUER worked in a bipartisan fashion to include strong unlawful disclosure penalties, discrimination protections, and breach notification requirements in this bill.

Doing so, H.R. 6082 will actually improve the ability to penalize those who illegally disclose a patient's information. This isn't about using this information for any other purpose than treating that patient safely.

To be clear, there is no legal way for a patient's substance use disorder treatment information to be used against them under this bill. This bill, instead, expands protections for individuals seeking addiction treatment above and beyond existing law, and it will help us turn the tide on the opioid scourge.

I want to thank Mr. MULLIN and Mr. BLUMENAUER once again for their work, and the other Members on the committee. This bipartisan bill will save lives. It is critically importantly to our efforts to combat the opioid crisis, and I urge my colleagues to support H.R. 6082.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, proponents of this legislation argue that taking away patients' privacy rights related to substance use disorder treatment records is okay because we would be applying the HIPAA standard that applies to other sensitive health conditions like HIV, but I strongly disagree.

Individuals with substance use disorder face risk because of their medical conditions that those with other medical conditions do not. According to SAMHSA, those negative consequences include loss of employment, loss of housing, loss of child custody, discrimination by medical professionals and insurers, arrests, prosecution, and incarceration.

Unlike other medical conditions, including HIV, you can be incarcerated, legally fired, and denied visitation with your children due to your substance use disorder.

So let me paint this picture with a few examples.

A 20-year-old pregnant woman in Wisconsin voluntarily went to a hospital to seek treatment for addiction to the opiate OxyContin. Rather than providing treatment, the hospital called State authorities to report this woman. She was taken into custody and held for several weeks before a judge ordered her released.

Another example provided to the committee from a provider in Maryland explained:

Some time ago, we had a young lady in our methadone maintenance program who committed suicide. She had turned her life around. She was in college, working full time, owned her own car, was purchasing a house, and was no longer using illicit substances. She had to complete probation for her crimes that she had committed while she was actively using these drugs.

Her mother did not know she was in methadone treatment. She did not want her mother to know because her mother did not agree with methadone, and the judge found out she was in the methadone maintenance program and disclosed it in a court hearing with her mother present.

The judge and her mother insisted that she ''get off that stuff,'' and she complied only because of the pressure from both to do so.

She began abusing illicit substances and participating in illegal activity to obtain those substances. The guilt and shame of returning to what she described as a life of hell led her to write a suicide note and end her life.

□ 1315

Experiences like this, in addition to stories of individuals with substance use disorder who have lost jobs, housing, and child custody because of their substance use disorder, are reasons that some individuals with substance use disorder fear coming forward to enter treatment due to the negative consequences that result. It is why more than 100 groups, including AIDS United, joined the campaign to protect patient privacy rights. They have joined together to fight to protect the heightened privacy protections that exist under existing law.

Further, unlike the proponents of this legislation contend, the existing law is not an anomaly. States like Florida have laws requiring written patient consent for the sharing of a patient's substance use disorder and mental health treatment records, while others like New York, Kentucky, and Texas have such requirements for the sharing of HIV records. Other States have such requirements for reproductive health treatment records.

Further, the existing law is consistent with the confidentiality protections applied to substance use disorder treatment records. In fact, the law governing the confidentiality of VA medical records, 38 U.S.C. 7332, is consistent with and broader than part 2. Unlike that law, the VA cannot share a patient's substance use disorder, HIV, or sickle cell anemia treatment records with another provider without written patient consent.

So, Mr. Speaker, I want to stress that I do believe that we can learn an important lesson from our response to HIV, particularly during the height of the AIDS epidemic. A critical part of this Nation's response to the AIDS epidemic was increasing the privacy protections applied to HIV medical records. Such action was taken because people were afraid to enter treatment for HIV/AIDS because of the negative consequences that could result.

In the midst of the opioid epidemic, this bill would result in doing just the opposite: lowering the privacy protections applied to substance use disorder medical records despite the fact that, like during the AIDS epidemic, some individuals with substance use disorder remain afraid to enter treatment because of the negative consequences that result. And in many cases, they only do so out of the part 2 assurances that they can control to whom and for what purposes their treatment record is shared.

The increased stigma, discrimination, and criminalization faced by people with substance use disorder support the maintenance of the heightened privacy protections under existing law, in my opinion. And for some individuals, it is these privacy protections that make them feel safe to enter and remain in treatment for their substance use disorder. I am afraid that by passing this bill we could be creating a barrier that will keep people from getting the treatment they need, and that is a risk I am simply not willing to take.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield myself 2 minutes for the purpose of response before I yield to Dr. BUCSHON.

Mr. Speaker, the tragic story that was just related to us really only reinforces the need to change the statute behind 42 CFR part 2. There are some important facts missing from the description of the situation that occurred.

It appears evident that at least one or both of the parties involved, the judge, and/or the methadone maintenance program, violated existing regulations under both part 2 and HIPAA.

Under part 2, patient records may only be disclosed without patient consent if the disclosure is authorized by an appropriate order of a court of competent jurisdiction. There must be a showing of good cause in which the court must weigh the public interest and need for disclosure against the injury to the patient, the physician-patient relationship, and treatment services. Further, the court must impose appropriate safeguards against unauthorized disclosure.

It is not clear from the description provided in the letter how the judge found out about the patient's participation in a methadone maintenance program. If the information to the judge was provided without an appropriate court order, then the methadone maintenance program likely violated the requirements under part 2 to safeguard the patient's records from such disclosure. If the information was provided as a result of a court order, then it is possible that the judge violated his or her ethical obligations to appropriately weigh the need for the information and safeguard the information once received.

Under HIPAA, there is still an obligation for the parties seeking information to confirm that reasonable efforts have been made to ensure that the individual has been given notice of the request for personal health information and the opportunity to object or that reasonable efforts have been made to secure a qualified protective order. Compliance with either of these requirements appears to have been lacking in the situation described in the letter.

All of this suggests that part 2 currently is insufficient to protect patients in these situations. The legislation before us today does not decrease the protections against the use of the records in criminal proceedings that already exist under part 2, but HIPAA makes the protections stronger.

I yield 3 minutes to the gentleman from Indiana (Mr. BUCSHON), a valuable member of our committee and our subcommittee that has heard the testimony on this legislation.

Mr. BUCSHON. Mr. Speaker, I rise today to speak in strong support of H.R. 6082, the Overdose Prevention and Patient Safety Act. This legislation will improve the ability of medical professionals to properly care for patients by allowing physicians access to a patient's full medical record, including information about substance use disorder treatment, while ensuring robust privacy protections.

As a physician, I know that patients don't always notify their doctors of all the medications they are taking, and not having a complete medical record or knowing a patient's background can result in potentially life-threatening complications related to medical treatment. I have seen this in my own practice, and my wife sees this almost daily in her anesthesia practice.

This is commonsense legislation which will ensure patients receive appropriate healthcare, while also ensuring the medical information remains private. Mr. Speaker, I urge my colleagues to support H.R. 6082.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, some of the proponents of this bill also mentioned the opiate use disorder situations in emergency rooms as a justification for the legislation, but I just want to say, Mr. Speaker, I think it is important to note that the existing law includes an exception to the patient consent requirement. A provider can access a patient's substance use disorder treatment records in the case of an emergency as determined by the provider without patient consent.

Additionally, nothing in the existing law prevents any provider from asking their patient about their substance use disorder history before prescribing any opioid, especially in the midst of the opioid epidemic. Every provider should ask patients about their opioid use disorder history, and, therefore, under the existing law and every other privacy law, the doctor can learn of a patient's opiate use disorder history by simply asking the patient that.

That remains, in my opinion, the optimum way of learning a patient's medical history, because currently our electronic health records aren't interoperable in many cases. Those underlying interoperability issues that prevent information sharing, including the part 2 information in cases where a patient has agreed to share their information with providers, aren't going to be solved by this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. SHIMKUS), a valuable member of the Energy and Commerce Committee.

(Mr. SHIMKUS asked and was given permission to revise and extend his remarks.)

Mr. SHIMKUS. Mr. Speaker, it is good to be on the floor with my good friend and colleague, the ranking member, Congressman PALLONE. I know his heart is solid and I know he believes that we are challenging some privacy concerns, and I take that in the spirit intended.

As a Republican, I was an early supporter of one of our former colleague's—Sue Myrick's—Mental Health Parity Act. And the whole intent of that, for many of us, was to say mental health illness is an illness and should be accepted as an illness. But what we have done under the Federal code is to separate it. So I think the intent of what we are trying to do is not separate it and make it part of the health records.

We have heard the debate on both sides, but that is the basic premise from which I come. And we have heard the testimony of people for whom the information was not shared with the regular doctor versus the mental health, and then prescriptions occurring and then catastrophic events.

The intent of this legislation is to help patients and to help providers better take care of their patients. This is not about taking away privacy but taking care of people. It is about making sure people have the appropriate level of privacy for the services they are seeking.

We don't create extra privacy barriers so that people with heart disease, HIV, or diabetes can keep their doctors in the dark and withhold critical information relevant to the insurer benefits that they are using. This goes back to, as we have heard today, a 1970-era mandate.

Gary Mendell, the founder of Shatterproof, lost his son Brian, who was recovering from substance use disorder, after he tragically took his own life. Gary said the following about aligning part 2 with HIPAA:

The solution is not to keep this information out of electronic health records and not available. The solution is to end the stigma and to bring this disease and mental illness into the healthcare system, just like diabetes, cancer, or any other disease.

And I couldn't agree more with Gary. He also said:

If there's an issue related to unintended consequences, let's fix that.

I think in this piece of legislation, Congressman MULLIN and Congressman BLUMENAUER intended to do that.

Gary also said:

Let's not keep this out of the healthcare system, unlike diabetes, heart disease, and cancer, because then we just perpetuate the situation that is causing it in the first place.

I will continue. Individuals with opioid use disorder die, on average, a decade sooner than other Americans. This is largely because of the strikingly high incidence of poorly managed, co-occurring chronic diseases, including HIV/AIDS, cardiac conditions, lung disease, and cirrhosis.

Whatever we as a nation are doing to coordinate care for this highly vulnerable population is failing by any reasonable measure.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BURGESS. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Illinois.

Mr. SHIMKUS. Mr. Speaker, an extraordinary array of organizations, hospitals, physicians, patient advocates, and substance use treatment providers have approached this committee to clearly state that existing Federal addiction privacy law is actively interfering with case management and care coordination efforts. Arguing against this legislation preserved a fatal and deadly status quo.

I support this piece of legislation, and I thank my colleague for the time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I mentioned earlier the various groups that are opposed to this legislation because of the privacy concerns, and I actually would like to read or go through some sections from this letter that was sent to Chairman WALDEN and me from over 100 groups, including the New Jersey Association of Mental Health and Addiction Agencies.

And they say, Mr. Speaker:

Dear Chairman Walden and Ranking Member Pallone:

We, the undersigned national, State, and local organizations strongly support maintaining the core protections of the Federal substance use disorder patient confidentiality law and its regulations, referred to collectively as part 2.

And they say:

We remain concerned that using a weaker HIPAA privacy rule standard of allowing disclosure of substance use disorder information without patient consent or other purposes will contribute to the existing level of discrimination and harm to people living with substance use disorders. This will only result in more people who need substance use disorder treatment being discouraged and afraid to seek the healthcare they need during the Nation's worst opioid crisis.

We strongly support maintaining part 2's current core protections for substance use disorder information instead of those weaker HIPAA privacy standards for the following reasons.

And there are five.

One, the heightened privacy protections in part 2 are as critical today as they were when they were enacted more than 40 years ago and must be preserved.

Two, in the midst of the worst opioid epidemic in our Nation's history, we must do everything possible to increase, not decrease, the number of people who seek treatment.

□ 1330

Three, substance use disorder is unique among medical conditions because of its criminal and civil consequences and the rampant discrimination people face.

Four, with so much at stake, patients in substance use disorder treatment should retain the right to consent when and to whom their records are disclosed, as currently found in part 2.

Five, effective integration of substance use disorder treatment with the rest of the healthcare system is critically important, and information exchange in accordance with confidentiality law and current technology is now possible. To facilitate that process, SAMHSA recently amended the part 2 regulations to further promote the integration of confidential substance use disorder information into general health records.

They finally conclude, Mr. Speaker, by saying:

We respectfully request that the House Energy and Commerce Committee maintain the current confidentiality protections of part 2 to support individuals entering and staying in substance use disorder treatment and recovery services.

Mr. Speaker, I include in the RECORD this letter from these patients.

CAMPAIGN TO PROTECT PATIENT PRIVACY RIGHTS,
June 18, 2018.

Re Opposition to H.R. 6082—''Overdose Prevention and Patient Safety Act''.

Representative GREG WALDEN,
Chairman of the U.S. House of Representatives Energy and Commerce Committee, Washington, DC.

Representative FRANK PALLONE, Jr.,
Ranking Member of the U.S. House of Representatives Energy and Commerce Committee, Washington, DC.

DEAR CHAIRMAN WALDEN AND RANKING MEMBER PALLONE: We, the undersigned national, state, and local organizations strongly support maintaining the core protections of the federal substance use disorder patient confidentiality law (''42 U.S.C. 290dd–2'') and its regulations ''42 CFR Part 2,'' (referred to

collectively as ''Part 2'') to effectively protect the confidentiality of patients' records. The Substance Abuse and Mental Health Service Administration (''SAMHSA'') recently amended Part 2's patient privacy regulations in 2017 and 2018, which accomplishes the bill's proposed objective of providing coordinated care between substance use disorder (''SUD'') and other health care information.

We remain concerned that using a weaker HIPAA Privacy Rule standard of allowing disclosures of SUD information without patient consent for treatment, payment, health care operations, or other purposes other than those currently allowed by Part 2—will contribute to the existing level of discrimination and harm to people living with substance use disorders. This will only result in more people who need substance use disorder treatment, being discouraged and afraid to seek the health care they need during the nation's worst opioid crisis.

We strongly support maintaining Part 2's current core protections for SUD information, instead of those of a weaker HIPAA Privacy standard as described in H.R. 6082 for the following reasons:

1. The heightened privacy protections in Part 2 are as critical today as they were when they were they were enacted more than 40 years ago, and must be preserved.

2. In the midst of the worst opioid epidemic in our nation's history, we must do everything possible to increase—not decrease—the number of people who seek treatment.

3. SUD is unique among medical conditions because of its criminal and civil consequences and the rampant discrimination people face.

4. With so much at stake, patients in SUD treatment should retain the right to consent when and to whom their records are disclosed, as currently found in Part 2.

5. Effective integration of SUD treatment with the rest of the health care system is critically important, and information exchange in accordance with confidentiality law and current technology is now possible. To facilitate that process, SAMHSA recently amended the Part 2 regulations to further promote the integration of confidential SUD information into general health records.

We respectfully request that the House Energy and Commerce Committee maintain the current confidentiality protections of Part 2 to support individuals entering and staying in SUD treatment and recovery services.

Sincerely,

Campaign to Protect Privacy Rights: A New PATH; Addiction Haven; Addictions Resource Center, Waukesha, WI (ARC, Inc.); Advocates for Recovery Colorado; AIDS United; Alano Club of Portland; Alcohol & Addictions Resource Center, South Bend, IN; American Association for the Treatment of Opioid Dependence (AATOD); American Group Psychotherapy Association; Apricity; Arthur Schut Consulting LLC; Association of Persons Affected by Addiction; Atlantic Prevention Resources; California Consortium of Addiction Programs & Professionals (CCAPP); Capital Area Project Vox—Lansing (MI)'s Voice of Recovery; Center for Recovery and Wellness Resources; CFC Loud N Clear Foundation; Chicago Recovering Communities Coalition; Colorado Behavioral Healthcare Council; Communities for Recovery.

Community Catalyst; Connecticut Community for Addiction Recovery (CCAR); Council on Addiction Recovery Services (CAReS)-Orlean, NY; DarJune Recovery Support Services & Café; Davis Direction Foundation—The Zone; Daystar Center; Delphi Behavioral Health Group—Maryland House Detox; Detroit Recovery Project; The DOOR—DeKalb Open Opportunity for Recovery; Drug and Alcohol Service Providers Organization of Pennsylvania; El Paso Alliance; Faces & Voices of Recovery; Faces and Voices of Recovery (FAVOR)—Grand Strand-SC; Faces and Voices of Recovery (FAVOR)—Greenville, SC; Faces and Voices of Recovery (FAVOR)—Low Country: Charleston, SC; Faces and Voices of Recovery (FAVOR)—Mississippi Recovery Advocacy Project; Faces and Voices of Recovery (FAVOR)—Pee Dee, SC; Faces and Voices of Recovery (FAVOR)—Tri-County: Rock Hill, SC; Facing Addiction; Fellowship Foundation Recovery Community Organization.

Foundation for Recovery; Friends of Recovery—New York; Georgia Council on Substance Abuse; Greater Macomb Project Vox; Harm Reduction Coalition; Home of New Vision; HOPE for New Hampshire Recovery; Jackson Area Recovery Community—Jackson, MI; Latah Recovery Center; Legal Action Center; Lifehouse Recovery Connection; Long Island Recovery Association (LIRA); Lotus Peer Recovery; Maine Alliance for Addiction Recovery; Massachusetts Organization for Addiction Recovery; Message Carriers of Pennsylvania; Mid-Michigan Recovery Services (NCADD Mid-Michigan Affiliate); Minnesota Recovery Connection; Missouri Recovery Network.

National Advocates for Pregnant Women; National Alliance for Medication Assisted Recovery (NAMA Recovery); National Association for Children of Addiction (NACoA); National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD); National Association for Rural Mental Health (NARMH); National Center on Domestic Violence, Trauma & Mental Health; National Council on Alcoholism and Drug Dependence, Inc. (NCADD); National Council on Alcoholism and Drug Dependence—Central Mississippi Area, Inc.; National Council on Alcoholism and Drug Dependence—Maryland; National Council on Alcoholism and Drug Dependence—Phoenix; National Council on Alcoholism and Drug Dependence—San Fernando Valley; Navigating Recovery of the Lakes Region; New Jersey Association of Mental Health and Addiction Agencies; Northern Ohio Recovery Association; Oklahoma Citizen Advocates for Recovery and Transformation Association (OCARTA); Overcoming Addiction Radio, Inc.; Parent/Professional Advocacy League; Peer Coach Academy Colorado; Pennsylvania Recovery Organizations—Alliance (PRO–A).

People Advocating Recovery (PAR); Pennsylvania Recovery Organization—Achieving Community Together (PRO–ACT); Portland Recovery Community Center; Public Justice Center; REAL—Michigan (Recovery, Education, Advocacy & Leadership); Recover Project/Western MA Training; Recover Wyoming; RecoveryATX; Recovery Alliance of Austin; Recovery Allies of West Michigan; Recovery Cafe; Recovery Communities of North Carolina; Recovery Community of Durham; Recovery Consultants of Atlanta; Recovery Epicenter Foundation, Inc.; Recovery Force of Atlantic County; Recovery is Happening; Recovery Resource Council; Recovery Organization of Support Specialist.

Revive Recovery, Inc.; Rhode Island Cares About Recovery (RICARES); Rochester Community Recovery Center; ROCovery Fitness; Safe Harbor Recovery Center; SMART Recovery (Self-Management and Recovery Training); S.O.S. Recovery Community Organization; SpiritWorks Foundation; Springs Recovery Connection; Tennessee Association of Alcohol, Drug & other Addiction Services (TAADAS); The Bridge Foundation; The Courage Center; The McShin Foundation; The Ohana Center for Recovery; The Serenity House of Flint; The Phoenix; The RASE Project; The Recovery Channel; Tia Hart Community Recovery Program.

Together Our Recovery Center Heals (T.O.R.C.H.), Inc.; Treatment Trends, Inc.; Trilogy Recovery Community; U MARC (United Mental Health and Addictions Recovery Coalition); Utah Support Advocates for Recovery Awareness (USARA); Vermont Recovery Network; Voices of Hope for Cecil County, MD; Voices of Hope Lexington; Voices of Recovery San Mateo County, CA; WAI–IAM, Inc. and RISE Recovery Community; Wisconsin Voices for Recovery; Young People in Recovery.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, I would like to point out that there are over 100 groups in support of the Partnership to Amend 42 CFR part 2. A letter from that partnership says, in part:

We are pleased that the bill aligns part 2 with HIPAA's consent requirements for the purposes of treatment, payment and operations, which will allow for the appropriate sharing of substance use disorder records, among covered entities, to ensure persons with opioid use disorder and other substance use disorders receive the integrated care that they need. Additionally, as we do not want patients with substance use disorders to be made vulnerable as a result of seeking treatment for addiction, this legislation strengthens protections and limits the number of institutions that have access to their records.

I am not going to read all of the names on the list, but some of the notable ones are the National Alliance on Mental Illness, Mental Health America, Hazelden Betty Ford Foundation, National Governors Association, Healthcare Leadership Council, American Hospital Association, American Society of Addiction Medicine, Centerstone, New Jersey Hospitals, and National Association of Addiction Treatment Providers.

Mr. Speaker, I include in the RECORD the entire list of all of the groups in favor of the Partnership to Amend 42 CFR.

PARTNERSHIP TO AMEND 42 CFR PART 2—A COALITION OF OVER 40 HEALTH CARE STAKEHOLDERS COMMITTED TO ALIGNING 42 CFR PART 2 (PART 2) WITH HIPAA TO ALLOW APPROPRIATE ACCESS TO PATIENT INFORMATION THAT IS ESSENTIAL FOR PROVIDING WHOLE-PERSON CARE

JUNE 15, 2018.

Hon. MARKWAYNE MULLIN,
House of Representatives, Washington, DC.
Hon. EARL BLUMENAUER,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVES MULLIN AND BLUMENAUER: The undersigned members of the Partnership to Amend 42 CFR Part 2 (Partnership) and additional stakeholder organizations applaud your leadership on the issue of substance use disorder privacy records. We strongly support the Overdose Prevention and Patient Safety (OPPS) Act, H.R. 6082, which will align 42 CFR Part 2 (Part 2) with the Health Insurance Portability and Accountability Act (HIPAA) for the purposes of health care treatment, payment, and operations (TPO). The Partnership is pleased that the OPPS Act was voted out of the Committee on Energy and Commerce with a bipartisan vote.

The Partnership is a coalition of more than 40 organizations representing stakeholders across the health care spectrum committed to aligning Part 2 with HIPAA to allow appropriate access to patient information that is essential for providing whole-person care.

We are pleased that the bill aligns Part 2 with HIPAA's consent requirements for the purposes of TPO, which will allow for the appropriate sharing of substance use disorder records, among covered entities, to ensure persons with opioid use disorder and other substance use disorders receive the integrated care they need. Additionally, as we do not want patients with substance use disorders to be made vulnerable as a result of seeking treatment for addiction, this legislation strengthens protections and limits the number of institutions that have access to patient records.

Thank you both for your leadership on this issue and we look forward to working with you on helping to address the opioid crisis by passing this important bipartisan legislation on the floor of the U.S. House of Representatives.

Sincerely,

PARTNERSHIP TO AMEND 42 CFR PART 2 MEMBERS

Academy of Managed Care Pharmacy; American Association on Health and Disability; American Health Information Management Association; American Hospital Association; American Psychiatric Association; American Society of Addiction Medicine; American Society of Anesthesiologists; America's Essential Hospitals; America's Health Insurance Plans; AMGA; Association for Ambulatory Behavioral Healthcare; Association for Behavioral Health and Wellness; Association for Community Affiliated Plans; BlueCross BlueShield Association; Catholic Health Association of the U.S.; Centerstone; Confidentiality Coalition; Employee Assistance Professionals Association; Global Alliance for Behavioral Health and Social Justice; Hazelden Betty Ford Foundation.

Health IT Now; Healthcare Leadership Council; The Joint Commission; InfoMC; Medicaid Health Plans of America; Mental Health America; National Alliance on Mental Illness; National Association for Behavioral Healthcare; National Association of ACOs; National Association of Counties (NACo); National Association of State Mental Health Program Directors (NASMHPD); Netsmart; OCHIN; Otsuka; Pharmaceutical Care Management Association; Premier Healthcare Alliance.

ADDITIONAL STAKEHOLDER ORGANIZATIONS

ACO Health Partners; Aetna; AMITA Health; Anthem, Inc.; Ascension Health; Avera Health; Banner Health; Baptist Healthcare System; Beacon Health Options; Bon Secours Health System, Inc.; CareSource; Catholic Health Initiatives; Centene Corporation; Change Healthcare; Cigna; College of Healthcare Information Management Executives (CHIME).

Excellus BlueCross BlueShield; Franciscan Sisters of Christian Charity Sponsored Ministries, Inc.; Greater New York Hospital Association; Henry Ford Health System; Howe Home Designers; Johns Hopkins Medicine; Kern Health Systems; Leidos; Lycoming County; Magellan Health; Marshfield Clinic Health System; Mental Health America of Indiana; Mosaic Life Care; NAMI; NAMI DC; NAMI Delaware.

NAMI Greene County Tennessee; NAMI Helena; NAMI of Howard County, MD; NAMI Jefferson County, Washington; NAMI Kaufman County; NAMI Kershaw County; NAMI Lewistown; NAMI Lexington; NAMI of the Pee Dee (South Carolina); NAMI Piedmont Tri-County; NAMI Sarasota County; NAMI South Suburbs of Chicago; NAMI Sussex, Inc.; NAMI Temple Area; NAMI Utah; NAMI Valley of the Sun.

National Alliance on Mental Illness (NAMI) Texas; National Association of Addiction Treatment Providers; New Directions Behavioral Health; OPEN MINDS; Optum; PerformCare; Providence St. Joseph Health; SCAN Health Plan; SSM Health; Texas Health Resources; The Center for Health Affairs/Northeast Ohio Hospital Opioid Consortium; The MetroHealth System; Trinity Health; University of Tennessee Medical Center; Valley Health System; Vizient; Wayne Meriwether.

Mr. BURGESS. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I just want to say in conclusion today, that amidst the worst opioid epidemic our country has ever faced, I think it is really important that we not take any action that could result in any individual with an opiate use disorder not seeking or remaining in treatment for this life-threatening condition.

I understand the opinions on both sides, but I do think that if we don't protect the existing privacy and keep the current law with regard to privacy that we will see many individuals not seeking treatment or remaining in treatment. That is why I strongly oppose this bill, and I urge my colleagues to vote ''no.''

Mr. Speaker, I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, by continuing to segregate substance use disorder records means that we are willing to allow some patients to receive care that is potentially lower quality at a higher cost.

Treating patient substance use disorder in isolation from their medical and mental health conditions—which predominated care in the 1970s—is not the standard for good practice today. There is now overwhelming evidence that patients' substance use disorders cannot be treated in isolation from other healthcare conditions. In the 1970s when part 2 was written, this was not widely accepted, and treatment for addiction was largely separate from treatment for other illnesses.

Mr. Speaker, further, I would say that the problem here is we need to treat addiction just like any other medical illness and improve our outreach to patients who meet the criteria for treatment. Maintaining a decades old, ineffective confidentiality law simply is not going to do that.

I urge my colleagues to support the bill. It is a good bill supported by Mr. MULLIN and Mr. BLUMENAUER.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BOST). All time for debate has expired.

Pursuant to House Resolution 949, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. PALLONE. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. PALLONE. I am opposed to H.R. 6082.

Mr. BURGESS. Mr. Speaker, I reserve a point of order against the motion.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Pallone moves to recommit the bill H.R. 6082 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike page 1, line 4, through page 8, line 20.

Strike page 11, line 8, through page 12, line 9.

Page 8, line 21, through page 11, line 7, promote subsection (k) to become a section which reads as follows:

SEC. 2. DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS FOR SUBSTANCE USE DISORDER PATIENT RECORDS.

(a) INITIAL PROGRAMS AND MATERIALS.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in consultation with appropriate experts, shall identify the following model programs and materials (or if no such programs or materials exist, recognize private or public entities to develop and disseminate such programs and materials):

(1) Model programs and materials for training health care providers (including physicians, emergency medical personnel, psychiatrists, psychologists, counselors, therapists, nurse practitioners, physician assistants, behavioral health facilities and clinics, care managers, and hospitals, including individuals such as general counsels or regulatory compliance staff who are responsible for establishing provider privacy policies) concerning the permitted uses and disclosures, consistent with the standards and regulations governing the privacy and security of substance use disorder patient records promulgated by the Secretary under section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) for the confidentiality of patient records.

(2) Model programs and materials for training patients and their families regarding their rights to protect and obtain information under the standards and regulations described in paragraph (1).

(b) REQUIREMENTS.—The model programs and materials described in paragraphs (1) and (2) of subsection (a) shall address circumstances under which disclosure of substance use disorder patient records is needed to—

(1) facilitate communication between substance use disorder treatment providers and other health care providers to promote and provide the best possible integrated care;

(2) avoid inappropriate prescribing that can lead to dangerous drug interactions, overdose, or relapse; and

(3) notify and involve families and caregivers when individuals experience an overdose.

(c) PERIODIC UPDATES.—The Secretary shall—

(1) periodically review and update the model program and materials identified or developed under subsection (a); and

(2) disseminate such updated programs and materials to the individuals described in subsection (a)(1).

(d) INPUT OF CERTAIN ENTITIES.—In identifying, reviewing, or updating the model programs and materials under this section, the Secretary shall solicit the input of relevant stakeholders.

At the end, insert the following new section:

SEC. 3. REPORT ON PATIENT EXPERIENCE WITH PART 2.

(a) REPORT.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall conduct or support a study that examines information sharing behaviors of individuals who obtain substance use disorder treatment through a Part 2 program.

(b) TOPICS.—The study pursuant to subsection (a) shall examine the extent to which patients at Part 2 programs agree to share their information, including the following:

(1) Patient understanding regarding their rights to protect and obtain information under Part 2.

(2) Concerns or feelings patients have about sharing their Part 2 treatment records with other health care providers and organizations.

(3) Whether or not patients agree to share their Part 2 medical records.

(4) The extent of providers with which patients agree to share their Part 2 treatment records.

(5) If patients have shared their Part 2 treatment information—

(A) at what point in the treatment relationship with the Part 2 program did the patients choose to do so; and

(B) what prompted the patients to share the information.

(6) What considerations were taken into account by the patient when deciding whether or not and with whom to share their Part 2 treatment information.

(7) How did having the choice to decide to what extent and with whom to share Part 2 treatment records affect patients' decision to uptake or remain in treatment.

(8) Would not having a choice to decide the extent to which to share their treatment records from Part 2 programs affect a patient's decision to participate or stay in treatment.

(c) SCOPE.—The study under subsection (a) shall—

(1) include a nationally representative sample of individuals obtaining treatment at Part 2 programs; and

(2) consider patients of Part 2 programs being treated for various substance use disorders, including opioid use disorder and alcohol use disorder.

(d) REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit a report to the Congress on the results of the study under subsection (a).

(e) DEFINITIONS.—In this section:

(1) The term ''Part 2 program'' means a program described in section 543 of the Public Health Service Act (42 U.S.C. 290dd–2).

(2) The term ''Part 2'' means the program under section 543 of the Public Health Service Act (42 U.S.C. 290dd–2).

Mr. PALLONE (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading of the motion.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey is recognized for 5 minutes in support of his motion.

Mr. PALLONE. Mr. Speaker, this is the final amendment to the bill which will not kill the bill or send it back to committee. If adopted, the bill will immediately proceed to final passage, as amended.

Mr. Speaker, this amendment would maintain the privacy rights provided to individuals with substance use disorder. Those patients would retain their right to determine with whom and for what purpose to share their substance use disorder treatment records from part 2 programs.

Rather than strip away patients' privacy rights, my amendment would incorporate section 509 from the bipartisan Alexander-Murray bill, S. 2680, the Opioid Crisis Response Act of 2018, that was reported out of the Senate HELP Committee on a bipartisan basis, and that was incorporated in the underlying legislation.

That provision requires the Secretary to support the development and dissemination of model training programs for substance use disorder treatment records under part 2. It would help ensure that more patients, families, and providers understand how information can be protected and shared under part 2.

My amendment would also help us to better understand the privacy needs of individuals with substance use disorder as well as how to balance those needs with the information needs of our health system to provide the highest quality care.

Specifically, my amendment would require the Secretary to conduct or support a study to better understand the patient experience with part 2 through the examination of information-sharing behaviors of individuals who obtain substance use disorder treatment at part 2 programs.

This study will provide critical insight into the central question under debate today: What is the appropriate level of privacy protections that should be applied to substance use disorder treatment records?

While there are a lot of opinions and persuasive evidence to support both sides of this debate, there is a lack of research on this issue generally or as it specifically relates to part 2. Such information will help us better understand the level of control individuals with substance use disorders need over their medical records to ensure their privacy concerns are not a barrier for such individuals accessing potentially lifesaving treatment.

It would also help us better understand what is the appropriate balance between the needs of these individuals regarding the privacy of their substance use disorder treatment information with the needs of a coordinated healthcare system to best serve its patients.

We know that today, under current law, some patients who receive substance use disorder treatment from part 2 programs choose not to share their treatment records with any provider outside of their substance use disorder treatment provider. On the other hand, there are others who choose to share with only a few of their nonsubstance use disorder treatment providers.

So I just believe it is critical we understand the reasons why such individuals have made these decisions as well as how the right to make such a decision affected their willingness to seek or remain in treatment.

This amendment is consistent with the recent recommendations from the Medicaid and CHIP Payment and Access Commission. As part of their June 2018 report to Congress, the commission stated that at this time the commission does not recommend alignment of part 2 and HIPAA. Instead, the commission recommends additional subregulatory guidance, education, and training on part 2.

As I have made clear, Mr. Speaker, I have concerns that the underlying bill would hurt our efforts to respond to the opioid epidemic and could increase the odds that fewer individuals with opiate use disorder enter and remain in treatment, a risk I believe too great to take during the worst drug abuse epidemic our country has ever faced.

However, I realize there is another side of this argument as advanced by the proponents of this bill, and we should not be concerned that this bill will affect the uptick of treatment, and, in fact, we should believe that this will only improve treatment.

Rather than undertake the 50–State experiment to see which side is right, we should support the thorough study of this issue before taking any action to weaken the privacy protections provided by part 2. In that way, we can determine the actual effect on taking away from individuals with substance use disorder the ability to decide how their treatment information is shared. That way we would have no doubt on both the intended and unintended consequences of eliminating the patient consent requirement for treatment, payment, and healthcare operation purposes as proposed by the underlying bill.

I think the stakes are too high to get this wrong. I urge my colleagues to support this amendment to increase the awareness of patients, families, and providers about how their treatment records are protected and can be shared under part 2 as well as to increase our understanding of the privacy needs of individuals with substance use disorders.

I yield back the balance of my time, Mr. Speaker.

Mr. BURGESS. Mr. Speaker, I withdraw my point of order.

The SPEAKER pro tempore. The reservation of the point of order is withdrawn.

Mr. BURGESS. Mr. Speaker, I claim the time in opposition to the motion.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 5 minutes.

Mr. BURGESS. Mr. Speaker, I urge a ''no'' vote on the motion to recommit as it will destroy the intent of the bill.

Eliminating the sharing of records for the purposes of treatment, payment, and healthcare operations completely negates the entire purpose of this initiative.

Aligning 42 CFR part 2 with HIPAA for purposes of treatment, payment, and healthcare operations is the entire purpose of the legislation.

Opponents of this bill have offered no evidence or findings to back up their claim that HIPAA is inadequate to protect sensitive data contained in substance use disorder treatment records.

HIPAA is currently functioning well in protecting sensitive patient information in a number of areas.

Real integration of behavioral health and primary care simply cannot happen until we align 42 CFR part 2 with HIPAA.

The opposition of H.R. 6082 is not based on protecting privacy. It is based on very specific distrust of the healthcare community to properly provide care to people with substance use disorder—the very people whom we are asking to help us with this.

Yet, the ranking member is strongly in favor of numerous bills that seek to expand access to evidence-based medication-assisted treatment, telehealth and integration with mainstream medicine—the very things that demand alignment with HIPAA. So the thinking, Mr. Speaker, to be kind, is incongruous.

Prohibiting the sharing of addiction medical records for treatment, payment, and healthcare operations makes it impossible to prescribe the latest substance use treatment medications safely.

Like most pharmaceuticals, buprenorphine and methadone have drug interactions and interact with other medicines. Adverse events from drug interactions can lead to emergency hospital visits, serious injuries, or death.

We must amend part 2 so we can safely prescribe medication-assisted treatment for patients. Put simply, standard clinical practices like medication reconciliation are not feasible under the current Federal law. For that reason, I urge my colleagues to vote ''no'' on the motion to recommit. Vote ''yes'' on the underlying motion.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

INDIVIDUALS IN MEDICAID DESERVE CARE THAT IS APPROPRIATE AND RESPONSIBLE IN ITS EXECUTION ACT

GENERAL LEAVE

Mrs. MIMI WALTERS of California. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on the bill, H.R. 5797.

The SPEAKER pro tempore (Mr. SHIMKUS). Is there objection to the request of the gentlewoman from California?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 949 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 5797.

The Chair appoints the gentleman from Illinois (Mr. BOST) to preside over the Committee of the Whole.

□ 1345

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 5797) to amend title XIX of the Social Security Act to allow States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases, with Mr. BOST in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentlewoman from California (Mrs. MIMI WALTERS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentlewoman from California.

Mrs. MIMI WALTERS of California. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, the opioid epidemic is ravaging this Nation. Families have been torn apart; lives have been destroyed; and communities are endangered.

This crisis does not discriminate. Americans from all walks of life in all 50 States are being held hostage by the scourge of opioids.

Tragically, the opioid epidemic claims the lives of 115 Americans on average each day. In my home of Orange County, California, 361 people died from opioid overdoses in 2015. That accounts for a 50 percent increase in overdose deaths since 2006.

According to the OC Health Care Agency's 2017 ''Opioid Overdose and Death in Orange County'' report, the rate of opioid-related emergency room visits increased by more than 140 percent since 2005. Between 2011 and 2015, Orange County emergency rooms treated nearly 7,500 opioid overdose and abuse cases.

We can put an end to these tragic statistics by providing full access to various treatment options to those seeking help with their addictions. While many of these patients may benefit from outpatient help, others need highly specialized inpatient treatment to ensure they are receiving the most clinically appropriate care.

The IMD CARE Act will increase access to care for certain Medicaid beneficiaries with opioid use disorder who need the most intensive care possible: inpatient care.

Current law prohibits the Federal Government from providing Federal Medicaid matching funds to States to provide mental disease care to Medicaid-eligible patients aged 21 to 64 in facilities defined as institutes of mental diseases, commonly known as IMDs. This IMD exclusion means that Federal dollars may not be provided for the care of Medicaid-eligible patients in this age group for substance use disorder treatments at hospitals, nursing facilities, or other institutions with more than 16 beds.

It is time to repeal the IMD exclusion and remove this outdated barrier to inpatient treatment. The IMD CARE Act would allow States to repeal for 5 years the IMD exclusion for adult Medicaid beneficiaries who have an opioid use disorder, which includes heroin and fentanyl.

These beneficiaries would receive treatment in an IMD for up to 30 days over a 12-month period, during which time the beneficiary would be regularly assessed to ensure their treatment and health needs require inpatient care. The bill would also require the IMD to develop an outpatient plan for the individual's ongoing treatment upon discharge.

Throughout the Energy and Commerce Committee's work on the opioid crisis, the IMD exclusion is consistently identified as a significant barrier to care for Medicaid patients. Not every patient needs treatment in an IMD, but those who do are often among the most vulnerable. What once was a well-intended exclusion on Federal Medicaid spending has since prevented individuals from seeking treatment.

In the light of the opioid epidemic, I believe my legislation strikes the right balance. I know some have suggested States continue to seek CMS waivers to allow Medicaid to pay for IMD care. Waivers can be a good option for some States, but not all States want a waiver. In fact, less than half of the States have applied for a waiver. Additionally, a waiver can take a substantial amount of time to develop, review, and approve.

We are losing too many friends and family members to force States to navigate a lengthy and uncertain waiver process. The IMD CARE Act allows

States to act now to ensure patients who are suffering from addiction get the care they need.

The National Governors Association and the American Hospital Association have endorsed this legislation. Other organizations, such as the National Association of State Medicaid Directors and the National Association of State Mental Health Directors, have supported the idea of Congress addressing the IMD.

While the repeal of the IMD exclusion would increase mandatory outlays and add costs to the Medicaid system, the IMD CARE Act is fully paid for by curbing unnecessary Federal and State Medicaid outlays.

I want to thank Chairman WALDEN and my colleagues on the House Energy and Commerce Committee for their support of this bill, which will provide much needed care to Americans suffering from opioid use disorder. Through the IMD CARE Act, Congress has a unique opportunity to remove a barrier to care and bring specialized treatment to Medicaid patients who desperately need it.

Mr. Chairman, I urge all Members to support this important bill today, and I reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I stand in opposition to H.R. 5797, the IMD CARE Act.

I think we all agree that we need all the tools available to us to address the opioid crisis. Inpatient treatment centers that focus on the treatment of behavioral health needs of patients with substance use disorder are part of that. Congress must do what we can to ease access to care.

But I believe this legislation, as drafted, is misguided. It is also counterproductive and an ineffective use of scarce Medicaid dollars. But more importantly, it may undermine the ongoing efforts to improve the full continuum of care for people with substance use disorders.

This policy spends more than $1 billion in Medicaid to pay for a policy that is far narrower in both scope and flexibility than what many of our States already have and any State could do through Medicaid substance use disorder waivers.

In addition, as countless data has indicated, there are many gaps in treatment for Medicaid beneficiaries with substance use disorder. Yet this bill does nothing to incentivize States to provide the full continuum of care.

Community-based services are necessary for both people not treated in residential inpatient facilities and also for people who leave residential inpatient treatment and need community-based services to continue their treatment and recovery.

We already face a shortage of community-based care for substance use disorder and should be working with States to increase this capacity. Yet this bill doesn't tie Federal funds for IMD care to improvements in community-based services. Without that connection, States simply will not pursue these needed improvements.

Without incentives to improve access to treatment more broadly, repealing the IMD exclusion to only a narrow population—in this case, opioid use—through legislation may simply encourage greater use of expensive inpatient treatment, including for people for whom it may not be the best option.

We can't push a system where people cycle in and out of institutions. People with substance use disorders need a range of supports to stay well and sober long term, not just a limited stay in an IMD.

Existing guidance from both the Obama and Trump administrations allows States to waive the IMD exclusions if the States also take steps to ensure that people with substance use disorder have access to other care they need, including preventive, treatment and recovery services.

So far, there are 22 States, Mr. Chair, that have waivers approved or pending before the administration. I think these waivers are important to support.

My home State of New Jersey has approval for a waiver right now. Under that waiver, they expanded access to all substance use disorder services in their Medicaid program. We should build on that policy, which emphasizes the full continuum of care, with any bills that repeal the IMD exclusion.

In addition, I have concerns about creating a system in States whereby only some of our Medicaid beneficiaries with substance use disorder have access to the full continuum of care they need.

This bill specifically limits residential treatment to adults with opioid use disorders, with the possible addition of an amendment for cocaine use disorders. But it doesn't help the overwhelming majority of individuals with other substance use disorders, such as alcohol, which is far more commonly abused.

Treatment for substance use disorder, especially in the midst of our opioid crisis, must include a comprehensive approach that addresses the entirety of a patient's medical and psychological conditions. This legislation creates a perverse incentive toward individuals reporting opioid abuse or going out and getting addicted to opioids, for instance, in the hopes of gaining access to the treatment they need.

Expanding access to inpatient residential treatment in a vacuum I think would undermine State efforts to ensure the availability of substance use disorder treatment that meets the needs of all patients in the most appropriate environment.

In the short time this legislation has been publicly available, countless stakeholders have weighed in vehemently on particulars of this bill, echoing my concerns today. In fact, coalitions with more than 300 groups as well as other mental health, substance use, and disability groups have sent letters in opposition. I think we need to work with stakeholders. This issue is too important to get wrong.

For these reasons, Mr. Chair, I oppose H.R. 5797. I urge my colleagues to vote ''no,'' and I reserve the balance of my time.

Mrs. MIMI WALTERS of California. Mr. Chairman, I yield 3 minutes to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Chair, I want to thank Mrs. WALTERS for introducing this legislation.

Throughout this committee's and subcommittee's work on opioids, the IMD exclusion has been consistently identified by many stakeholders in conversations not only in my office but with the subcommittee as a barrier to care for Medicaid patients who need inpatient treatment.

In the face of an epidemic that is taking the lives of 115 Americans on average every day, I believe this policy strikes the right balance. The IMD CARE Act targets limited resources to remove a barrier to care by allowing States to repeal the IMD exclusion for 5 years for Medicaid beneficiaries between the ages of 21 and 64 who have an opioid use disorder. This approach will provide States the flexibility to increase access to institutional care for those who truly need it.

While getting a waiver from CMS for the IMD exclusion is a good option for many States, less than half the States have applied for a waiver. We are losing too many of our friends and neighbors each day to this crisis to ask States to go through what can be a lengthy and uncertain process to secure a waiver.

The IMD CARE Act allows States to act now to ensure their patients who are suffering now from a terrible disease can get the care that they need and get it now.

I ask my fellow Members to join me in support of Mrs. WALTERS' bill.

Mr. PALLONE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I want to speak briefly on a point that I think is being lost here.

This bill presumes that expanding access to residential treatment is the answer, and it is not necessarily. Without any requirement that States address gaps in Medicaid community-based services, I think there is a possibility that we risk more harm than good.

The former director of national drug control policy has reminded us that most of these IMD facilities provide detoxification services. But detoxification is only the first stage of addiction treatment. Indeed, it may increase the potential for overdose if patients do not remain or have any support when released, since, with detoxification, their tolerance for opioids is significantly reduced.

The proposal before the House will likely create an overreliance on institutional treatment and may exacerbate

the dearth of community-based health services.

□ 1400

People with substance use disorder often find themselves unable to access intensive community-based behavioral health services when they need it. Likewise, many cannot access services in the community when they are discharged following a crisis.

Incentivizing inpatient care may actually increase opioid overdose, the very harm that Congress is seeking to prevent. Experts have raised serious concerns with this bill's institutional focus because recent data suggests that inpatient detoxification is an important predictor of overdose, largely because many who receive inpatient care aren't then connected to community-based treatment programs or put on medication, leaving them extremely vulnerable.

Again, I am concerned that we may be contributing to this crisis with this legislation.

Mr. Chair, I reserve the balance of my time.

Mrs. MIMI WALTERS of California. Mr. Chair, I yield 5 minutes to the gentleman from Oregon (Mr. WALDEN), chairman of the Committee on Energy and Commerce.

Mr. WALDEN. Mr. Chair, I want to thank my colleague MIMI WALTERS and those who have worked so closely with her on this really, really important legislation. That is why I am here to support it, H.R. 5797, the IMD CARE Act.

This is really commonsense legislation, and it will make a meaningful change to the way Medicaid covers opioid use disorder for its beneficiaries. In other words, low-income people in America who get their medical assistance through Medicaid are going to get another option and more help to deal with their addiction.

We are discussing this bill because a severely outdated policy limits Medicaid's coverage in an institution for mental disease—that is what an IMD is, institution for mental disease—for just 30 days. It is old. It is antiquated. It doesn't work with today's treatment regimens.

This exclusion has been in place for decades—decades—certainly long before the opioid crisis ever hit our country, and it is now a barrier to critical care for low-income people on Medicaid when this vulnerable population needs help with their addiction the most.

Representative WALTERS' thoughtful bill will allow State Medicaid programs, from 2019 through 2023, to remove this antiquated Federal barrier to treatment for those on Medicaid, age 21 to 64, with an opioid use disorder, through a State plan amendment. In doing so, Medicaid would pay for up to 30 total days of a beneficiary's care in an IMD during a 12-month period, year.

So this is limited in scope. It is in partnership with the States. It is low-income people getting more help from Medicaid to pay for this extraordinarily important treatment.

This bill also collects much-needed data on the process. After taking up this option, States will have to report on the number of individuals with opioid use disorder under this plan, their length of stay, and the type of treatment received upon discharge. This will help inform better programs down the line.

As a Congress, we have been focused on combating the opioid crisis for quite some time. This is not our first legislative attempt to help people not only avoid this addiction, but overcome it. It will not be our last. We will legislate; we will evaluate; we will legislate; we will evaluate, as Republicans and Democrats have been doing for some time.

It is an important step, this bill, that can help get people a vital treatment to which they now don't have access. The American Hospital Association, the National Governors Association, Republicans and Democrats, hospitals and Governors across the country, have said: Please do this. This is a need that is unmet. Please help us change this antiquated Federal law.

Many stakeholder groups, including the National Association of State Medicaid Directors, the people who run the Medicaid programs in States; the National Association of State Mental Health Program Directors, the people who know what is needed most to overcome these situations; and many others have talked to us in the committee. They have talked to me personally. They are pleading with Congress to get rid of this barrier to care, this outdated law, and to help people get treatment, especially the low-income among us.

We have an opportunity to deliver, to help. We have an opportunity to save lives. It is our responsibility, and we need to pass this legislation.

Mr. Chair, I commend the gentlewoman from California for bringing this issue to the committee and shepherding it through. It is so important to pass this legislation. Let's help these people get the care they need and want.

Mr. PALLONE. Mr. Chair, I yield myself the balance of my time.

Mr. Chair, in closing and in urging opposition to this bill from my colleagues, the reason the IMD exclusion was put in place in the beginning was because of the fear that people who had overdosed, who had opiate problems, would be put into institutions, if you will, and then throw away the key. In other words, they put them in there, maybe they get detoxed, and then they come out. But without any treatment or any followup, community-based treatment, they would just go back to the same thing again; they would overdose again and end up back in the facility.

So the fear was that we would have these large facilities where they go in and, without any kind of continuum of care, the cycle just keeps repeating itself. I just want my colleagues to be mindful of that.

What happened was, during the Obama administration, States had asked for waivers from the IMD exclusion, and the Obama administration decided they would do that if they provided a continuum of care and community-based services so that the problem that led to the IMD exclusion would not repeat itself.

I guess my fear is, today, that this seems like such a simple solution: Okay. We will get rid of the 16-bed exclusion because we need people to go into these institutions.

However, since we are not providing any continuum of care or community care in eliminating this exclusion, it goes back to the same problem, which is we don't want people to just be warehoused to detox, come out again, overdose again, and go back in without any kind of community services.

That is why I am making the argument that the actual waivers that exist now, which I think almost half of the States have, is a much better alternative than just lifting and getting rid of the exclusion. That is why I believe that this bill is misplaced and why I would urge my colleagues to oppose it, because I think it may actually go back to the days where we were just warehousing people and we are not actually giving them the kind of treatment that they need.

Mr. Chair, I would urge my colleagues to vote against the bill, and I yield back the balance of my time.

Mrs. MIMI WALTERS of California. Mr. Chair, I yield myself the balance of my time.

Mr. Chair, the opioid crisis requires us to act now. The IMD exclusion is consistently identified as a significant barrier to care by State Medicaid directors and numerous other stakeholder groups. We need to pass this bill in order to increase access to acute, short-term inpatient treatment. I urge my colleagues to support this bill and help individuals suffering with opioid addiction.

Mr. Chair, I yield back the balance of my time.

Ms. MAXINE WATERS of California. Mr. Chair, I rise to oppose H.R. 5797, also known as the "IMD CARE Act."

H.R. 5797 allows states to use Medicaid funds to treat adult patients ages 21–64 with opioid abuse disorders in Institutions for Mental Disease (IMDs) with more than 16 beds. While expanding access to treatment for substance abuse disorders is an admirable goal, H.R. 5797 is not the way to accomplish this goal.

One obvious limitation of H.R. 5797 is that it only applies to opioid and heroin use disorders. It does nothing to expand access to treatment for other types of substance abuse disorders, including alcoholism and the abuse of other illegal drugs like methamphetamine, crack, and other forms of cocaine.

A second problem with this bill is that it only expands access to treatment in inpatient IMD

facilities. It does not provide Medicaid funding for substance abuse treatment services in an outpatient setting, nor does it require states to make such services available. Not all substance abuse patients need to be treated in an institution, and those that do will also need outpatient recovery services after they are released from an IMD.

Currently, states can already use Medicaid funds to treat patients in IMD facilities by means of a waiver from the Centers for Medicare and Medicaid Services (CMS). In order to qualify for a waiver, states must take steps to ensure that patients are able to obtain substance abuse treatment and services in the community, as well as in institutions. Eleven states already have a waiver for this purpose, and eleven other states have waiver applications pending. Expanding access to inpatient treatment in states that do not provide outpatient services risks forcing patients into treatment that is ineffective and inappropriate for their situation.

Another option that is already available for states that want to expand access to substance abuse treatment services is to expand Medicaid under the Affordable Care Act. Medicaid expansion would ensure that all low-income people, including those with substance abuse disorders, are able to obtain treatment for their medical conditions.

I submitted an amendment that would have required states to expand Medicaid pursuant to the Affordable Care Act as a condition for using Medicaid funds to treat people with opioid abuse disorders in IMD facilities. This amendment would have provided an additional incentive for states to expand Medicaid, which in turn would have expanded access to a broad range of treatment and services for patients with substance abuse disorders.

Expanding access to Medicaid will benefit patients with substance abuse disorders, regardless of the type of addiction from which they suffer and regardless of whether they would be best served by inpatient treatment, outpatient treatment, or a combination of the two.

It is especially ironic that this bill is being considered on the House floor the day after House Republicans unveiled their fiscal year 2019 budget proposal, which would cut $1.5 trillion from Medicaid. If the majority party cares about Americans suffering from an opioid abuse disorder, they would not rob them of the health care services thiey already have.

I urge my colleagues to oppose H.R. 5797 and support a comprehensive solution to substance abuse disorders that will meet the needs of all people suffering from these tragic medical conditions.

The Acting CHAIR (Mr. MITCHELL). All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

The amendment in the nature of a substitute recommended by the Committee on Energy and Commerce, printed in the bill, modified by the amendment printed in part C of House Report 115–766, shall be considered as adopted. The bill, as amended, shall be considered as an original bill for purpose of further amendment under the 5-minute rule, and shall be considered read.

The text of the bill, as amended, is as follows:

H.R. 5797

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act'' or the ''IMD CARE Act''.

SEC. 2. MEDICAID STATE PLAN OPTION TO PROVIDE SERVICES FOR CERTAIN INDIVIDUALS WITH OPIOID USE DISORDERS IN INSTITUTIONS FOR MENTAL DISEASES.

Section 1915 of the Social Security Act (42 U.S.C. 1396n) is amended by adding at the end the following new subsection:

''(l) STATE PLAN OPTION TO PROVIDE SERVICES FOR CERTAIN INDIVIDUALS IN INSTITUTIONS FOR MENTAL DISEASES.—

''(1) IN GENERAL.—With respect to calendar quarters beginning during the period beginning January 1, 2019, and ending December 31, 2023, a State may elect, through a State plan amendment, to, notwithstanding section 1905(a), provide medical assistance for services furnished in institutions for mental diseases and for other medically necessary services furnished to eligible individuals with opioid use disorders, in accordance with the requirements of this subsection.

''(2) PAYMENTS.—

''(A) IN GENERAL.—Amounts expended under a State plan amendment under paragraph (1) for services described in such paragraph furnished, with respect to a 12-month period, to an eligible individual with an opioid use disorder who is a patient in an institution for mental diseases shall be treated as medical assistance for which payment is made under section 1903(a) but only to the extent that such services are furnished for not more than a period of 30 days (whether or not consecutive) during such 12-month period.

''(B) CLARIFICATION.—Payment made under this paragraph for expenditures under a State plan amendment under this subsection with respect to services described in paragraph (1) furnished to an eligible individual with an opioid use disorder shall not affect payment that would otherwise be made under section 1903(a) for expenditures under the State plan (or waiver of such plan) for medical assistance for such individual.

''(3) INFORMATION REQUIRED IN STATE PLAN AMENDMENT.—

''(A) IN GENERAL.—A State electing to provide medical assistance pursuant to this subsection shall include with the submission of the State plan amendment under paragraph (1) to the Secretary—

''(i) a plan on how the State will improve access to outpatient care during the period of the State plan amendment, including a description of—

''(I) the process by which eligible individuals with opioid use disorders will make the transition from receiving inpatient services in an institution for mental diseases to appropriate outpatient care; and

''(II) the process the State will undertake to ensure individuals with opioid use disorder are provided care in the most integrated setting appropriate to the needs of the individuals; and

''(ii) a description of how the State plan amendment ensures an appropriate clinical screening of eligible individuals with an opioid use disorder, including assessments to determine level of care and length of stay recommendations based upon the multidimensional assessment criteria of the American Society of Addiction Medicine.

''(B) REPORT.—Not later than the sooner of December 31, 2024, or one year after the date of the termination of a State plan amendment under this subsection, the State shall submit to the Secretary a report that includes at least—

''(i) the number of eligible individuals with opioid use disorders who received services pursuant to such State plan amendment;

''(ii) the length of the stay of each such individual in an institution for mental diseases; and

''(iii) the type of outpatient treatment, including medication-assisted treatment, each such individual received after being discharged from such institution.

''(4) DEFINITIONS.—In this subsection:

''(A) ELIGIBLE INDIVIDUAL WITH AN OPIOID USE DISORDER.—The term 'eligible individual with an opioid use disorder' means an individual who—

''(i) with respect to a State, is enrolled for medical assistance under the State plan (or a waiver of such plan);

''(ii) is at least 21 years of age;

''(iii) has not attained 65 years of age; and

''(iv) has been diagnosed with at least one opioid use disorder.

''(B) INSTITUTION FOR MENTAL DISEASES.—The term 'institution for mental diseases' has the meaning given such term in section 1905(i).

''(C) OPIOID PRESCRIPTION PAIN RELIEVER.—The term 'opioid prescription pain reliever' includes hydrocodone products, oxycodone products, tramadol products, codeine products, morphine products, fentanyl products, buprenorphine products, oxymorphone products, meperidine products, hydromorphone products, methadone, and any other prescription pain reliever identified by the Assistant Secretary for Mental Health and Substance Use.

''(D) OPIOID USE DISORDER.—The term 'opioid use disorder' means a disorder that meets the criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (or a successor edition), for heroin use disorder or pain reliever use disorder (including with respect to opioid prescription pain relievers).

''(E) OTHER MEDICALLY NECESSARY SERVICES.—The term 'other medically necessary services' means, with respect to an eligible individual with an opioid use disorder who is a patient in an institution for mental diseases, items and services that are provided to such individual outside of such institution to the extent that such items and services would be treated as medical assistance for such individual if such individual were not a patient in such institution.''.

SEC. 3. PROMOTING VALUE IN MEDICAID MANAGED CARE.

Section 1903(m) of the Social Security Act (42 U.S.C. 1396b(m)) is amended by adding at the end the following new paragraph:

''(7)(A) With respect to expenditures described in subparagraph (B) that are incurred by a State for any fiscal year after fiscal year 2020 (and before fiscal year 2025), in determining the pro rata share to which the United States is equitably entitled under subsection (d)(3), the Secretary shall substitute the Federal medical assistance percentage that applies for such fiscal year to the State under section 1905(b) (without regard to any adjustments to such percentage applicable under such section or any other provision of law) for the percentage that applies to such expenditures under section 1905(y).

''(B) Expenditures described in this subparagraph, with respect to a fiscal year to which subparagraph (A) applies, are expenditures incurred by a State for payment for medical assistance provided to individuals described in subclause (VIII) of section 1902(a)(10)(A)(i) by a managed care entity, or other specified entity (as defined in subparagraph (D)(iii)), that are treated as remittances because the State—

''(i) has satisfied the requirement of section 438.8 of title 42, Code of Federal Regulations (or any successor regulation), by electing—

''(I) in the case of a State described in subparagraph (C), to apply a minimum medical

loss ratio (as defined in subparagraph (D)(ii)) that is at least 85 percent but not greater than the minimum medical loss ratio (as so defined) that such State applied as of May 31, 2018; or

''(II) in the case of a State not described in subparagraph (C), to apply a minimum medical loss ratio that is equal to 85 percent; and

''(ii) recovered all or a portion of the expenditures as a result of the entity's failure to meet such ratio.

''(C) For purposes of subparagraph (B), a State described in this subparagraph is a State that as of May 31, 2018, applied a minimum medical loss ratio (as calculated under subsection (d) of section 438.8 of title 42, Code of Federal Regulations (as in effect on June 1, 2018)) for payment for services provided by entities described in such subparagraph under the State plan under this title (or a waiver of the plan) that is equal to or greater than 85 percent.

''(D) For purposes of this paragraph:

''(i) The term 'managed care entity' means a medicaid managed care organization described in section 1932(a)(1)(B)(i).

''(ii) The term 'minimum medical loss ratio' means, with respect to a State, a minimum medical loss ratio (as calculated under subsection (d) of section 438.8 of title 42, Code of Federal Regulations (as in effect on June 1, 2018)) for payment for services provided by entities described in subparagraph (B) under the State plan under this title (or a waiver of the plan).

''(iii) The term 'other specified entity' means—

''(I) a prepaid inpatient health plan, as defined in section 438.2 of title 42, Code of Federal Regulations (or any successor regulation); and

''(II) a prepaid ambulatory health plan, as defined in such section (or any successor regulation).''.

The Acting CHAIR. No further amendment to the bill, as amended, shall be in order except those printed in part D of House Report 115–766. Each such further amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. RUSH

The Acting CHAIR. It is now in order to consider amendment No. 1 printed in part D of House Report 115–766.

Mr. RUSH. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 2, strike ''**INDIVIDUALS WITH OPIOID USE DISORDERS**'' and insert ''**INDIVIDUALS WITH TARGETED SUDS**''.

In the subsection (l) proposed to be added by section 2 of the bill to section 1915 of the Social Security Act, strike ''eligible individuals with opioid use disorders'' each place it appears and insert ''eligible individuals with targeted SUDs'' each such place.

In the subsection (l) proposed to be added by section 2 of the bill to section 1915 of the Social Security Act, strike ''eligible individual with an opioid use disorder'' each place it appears and insert ''eligible individual with a targeted SUD'' each such place.

Page 5, beginning on line 19, strike ''individuals with opioid use disorder'' and insert ''eligible individuals with targeted SUDs''.

Page 6, beginning on line 1, strike ''eligible individuals with an opioid use disorder'' and insert ''eligible individuals with targeted SUDs''.

Page 6, line 7, insert before the period the following: ''and to determine the appropriate setting for such care''.

Page 7, line 12, strike ''opioid use disorder'' and insert ''targeted SUD''.

In the subsection (l)(4) proposed to be added by section 2 of the bill to section 1915 of the Social Security Act, strike subparagraph (D), redesignate subparagraph (E) as subparagraph (D), and add at the end the following:

''(E) TARGETED SUD.—

''(i) IN GENERAL.—The term 'targeted SUD' means an opioid use disorder or a cocaine use disorder.

''(ii) COCAINE USE DISORDER.—The term 'cocaine use disorder' means a disorder that meets the criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (or a successor edition), for either dependence or abuse for cocaine, including cocaine base (commonly referred to as 'crack cocaine').

''(iii) OPIOID USE DISORDER.—The term 'opioid use disorder' means a disorder that meets the criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (or a successor edition), for heroin use disorder or pain reliever use disorder (including with respect to opioid prescription pain relievers).''.

Strike all that follows after section 2 and insert the following:

SEC. 3. PROMOTING VALUE IN MEDICAID MANAGED CARE.

Section 1903(m) of the Social Security Act (42 U.S.C. 1396b(m)) is amended by adding at the end the following new paragraph:

''(7)(A) With respect to expenditures described in subparagraph (B) that are incurred by a State for any fiscal year after fiscal year 2020 (and before fiscal year 2024), in determining the pro rata share to which the United States is equitably entitled under subsection (d)(3), the Secretary shall substitute the Federal medical assistance percentage that applies for such fiscal year to the State under section 1905(b) (without regard to any adjustments to such percentage applicable under such section or any other provision of law) for the percentage that applies to such expenditures under section 1905(y).

''(B) Expenditures described in this subparagraph, with respect to a fiscal year to which subparagraph (A) applies, are expenditures incurred by a State for payment for medical assistance provided to individuals described in subclause (VIII) of section 1902(a)(10)(A)(i) by a managed care entity, or other specified entity (as defined in subparagraph (D)(iii)), that are treated as remittances because the State—

''(i) has satisfied the requirement of section 438.8 of title 42, Code of Federal Regulations (or any successor regulation), by electing—

''(I) in the case of a State described in subparagraph (C), to apply a minimum medical loss ratio (as defined in subparagraph (D)(ii)) that is at least 85 percent but not greater than the minimum medical loss ratio (as so defined) that such State applied as of May 31, 2018; or

''(II) in the case of a State not described in subparagraph (C), to apply a minimum medical loss ratio that is equal to 85 percent; and

''(ii) recovered all or a portion of the expenditures as a result of the entity's failure to meet such ratio.

''(C) For purposes of subparagraph (B), a State described in this subparagraph is a State that as of May 31, 2018, applied a minimum medical loss ratio (as calculated under subsection (d) of section 438.8 of title 42, Code of Federal Regulations (as in effect on June 1, 2018)) for payment for services provided by entities described in such subparagraph under the State plan under this title (or a waiver of the plan) that is equal to or greater than 85 percent.

''(D) For purposes of this paragraph:

''(i) The term 'managed care entity' means a medicaid managed care organization described in section 1932(a)(1)(B)(i).

''(ii) The term 'minimum medical loss ratio' means, with respect to a State, a minimum medical loss ratio (as calculated under subsection (d) of section 438.8 of title 42, Code of Federal Regulations (as in effect on June 1, 2018)) for payment for services provided by entities described in subparagraph (B) under the State plan under this title (or a waiver of the plan).

''(iii) The term 'other specified entity' means—

''(I) a prepaid inpatient health plan, as defined in section 438.2 of title 42, Code of Federal Regulations (or any successor regulation); and

''(II) a prepaid ambulatory health plan, as defined in such section (or any successor regulation).''.

The Acting CHAIR. Pursuant to House Resolution 949, the gentleman from Illinois (Mr. RUSH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Illinois.

Mr. RUSH. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I rise today to offer my amendment that finally addresses a longstanding and discriminatory gap in coverage and expands treatment options for those suffering from addiction.

This House, Mr. Chairman, should be commended for its work on opioid addiction, but let us not forget that we have insidiously ignored another pervasive and catastrophically destructive addiction that is known as crack cocaine.

To remedy this, Mr. Chairman, my amendment would expand the bill to include those individuals suffering from cocaine use disorder and explicitly clarifies the inclusion of cocaine base, more commonly known as crack cocaine, which, along with opiates, is a double-barrel cause of drug-related deaths in communities like mine all across this Nation.

Too often, Mr. Chairman, this House seems to only have focused on issues when they have affected the majority, the White population. This leaves vulnerable, non-White, minority Americans without any chance to escape from their illness and their resulting suffering.

Too often, Mr. Chairman, the government's response to minority Americans has been mass incarceration instead of treatment. Too often, Mr. Chairman, crises that impact the African American communities are seen as a criminal justice problem, while those that affect the White community are seen as a public health problem. That phenomenon changes today.

I know opponents of this amendment will say that we should be expanding coverage to all those suffering from addiction. I wholeheartedly agree, Mr. Chairman, with that statement. However, while more remains to be done, today's action is a step in the right direction.

This is an important moment for those who have been addicted to crack and have been denied such access to treatment. Today they will finally get relief as we make historic progress in the fight against addiction and the injustice that continues to tear communities apart.

For this reason, I urge all my colleagues on both sides of the aisle to join me in supporting this worthwhile and meaningful amendment.

Mr. Chair, I reserve the balance of my time.

Mr. WALDEN. Mr. Chair, I claim the time in opposition to the amendment, though I am not opposed to the amendment.

The Acting CHAIR. Without objection, the gentleman from Oregon is recognized for 5 minutes.

There was no objection.

Mr. WALDEN. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I rise today in support of the Rush amendment to H.R. 5797, the IMD CARE Act. Earlier today, I spoke in support of the underlying bill. It will make a meaningful change to the way Medicaid covers opioid use disorder for its beneficiaries.

The amendment offered by my friend and colleague from Illinois, Representative BOBBY RUSH, will expand on that definition. It will allow Medicaid to provide coverage for individuals seeking treatment from cocaine and crack cocaine usage.

Looking at just 2016, opioids and cocaine caused 82 percent of all drug overdose deaths in the United States. Cocaine alone kills more than 10,000 Americans a year. News outlets have also reported fentanyl being mixed in with cocaine, further complicating this tragic opioid crisis.

This is an issue that Mr. RUSH has passionately led on in the committee, on the floor, and at home in his community.

□ 1415

We discussed it in the hearing room and at length in private while working to fine-tune this legislation so that the best possible version can become law.

So I want to thank Mr. RUSH for this amendment, and I want people to know that it really will improve and expand the scope of this bill.

Mr. Chairman, I urge my colleagues to adopt this amendment and support the underlying bill, which will dramatically aid in our response to the opioid epidemic for all Americans, wherever they live.

Mr. Chairman, how much time do I have remaining?

The Acting CHAIR. The gentleman from Oregon has 3½ minutes remaining.

Mr. WALDEN. Mr. Chairman, I yield 1 minute to the gentleman from New Jersey (Mr. PALLONE), the ranking Democrat on the committee.

Mr. PALLONE. Mr. Chairman, I thank the chairman for yielding.

Mr. Chairman, I support Mr. RUSH's amendment, but I remain in strong opposition to the underlying bill. I support my colleague's, Mr. RUSH's, work to add cocaine use disorder.

As Mr. RUSH noted in our committee, cocaine use claims more African American lives than opioid use and has been a larger problem than opioid use disorder for more than 20 years, yet incarceration, not treatment, is far too often the response.

Unfortunately, adding a single additional drug does not make this legislation whole. Nearly half of all States already reimburse for IMDs for all individuals with substance use disorder. We can and should build on that policy and strengthen the full continuum of care with any IMD policy this body passes.

There is no good reason, policy or otherwise, for us to leave the overwhelming majority of Medicaid beneficiaries out in the cold because they have the misfortunate to be addicted to, for instance, alcohol or meth instead of cocaine or opioids.

So, again, I support the amendment, but I remain in strong opposition to the underlying bill.

Mr. WALDEN. Mr. Chairman, I conclude my comments by expressing my disappointment that I have yet to persuade my friend from New Jersey to support the underlying bill, although I appreciate his support of the Rush amendment.

We know that our Governors, we know that our State Medicaid directors, and we know those most involved in helping those with addiction have pled with us to change this antiquated law so that people of all colors, of all backgrounds, from anywhere in this country, especially the low-income, can get access to meaningful, modern, and helpful assistance to overcome their addiction. That is what this bill does.

Mr. Chairman, I encourage my colleagues to support the amendment, and I encourage them to support the underlying bill.

Mr. Chairman, I yield back the balance of my time.

Mr. RUSH. Mr. Chairman, may I inquire as to how much time I have remaining.

The Acting CHAIR. The gentleman from Illinois has 1½ minutes remaining.

Mr. RUSH. Mr. Chairman, before I close, I want to, in a most sincere and humble way, thank Chairman WALDEN for his outstanding leadership on this matter, and for his breadth of understanding of the difficulties that my constituents have as a result of the omission from treatments for crack cocaine and other similar addictions.

I do understand the ranking member on the full committee's problems and concerns. I do understand, and I accept it. But, Mr. Chairman, we have to go forward on this particular amendment and on final passage.

Mr. Chairman, I thank Congressman WALDEN, and all of the staffs, for working with my staff on this critically important issue.

Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Illinois (Mr. RUSH).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. KILDEE

The Acting CHAIR. It is now in order to consider amendment No. 2 printed in part D of House Report 115–766.

Mr. KILDEE. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 6, line 19, strike ''and''.

Page 6, line 23, strike the period at the end and insert ''; and''.

Page 6, after line 23, insert the following:

''(iv) the number of eligible individuals with any co-occuring disorders who received services pursuant to such State plan amendment and the co-occuring disorders from which they suffer; and

''(v) information regarding the effects of a State plan amendment on access to community care for individuals suffering from a mental disease other than substance use disorder.''.

The Acting CHAIR. Pursuant to House Resolution 949, the gentleman from Michigan (Mr. KILDEE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. KILDEE. Mr. Chairman, this legislation requires States to submit a report on the number of patients served for opioid use disorder at institutions for mental diseases, their length of stay, and the care they received after they were discharged. My amendment would add two requirements to that report.

The first additional element addresses co-occurring disorders. My amendment would require that States include information on the number of individuals suffering from these disorders, as well as the type of specific disorders from which they suffer.

Co-occurring disorders are a terrible situation in which a person is simultaneously experiencing a mental illness and a substance use issue. This is especially prevalent in our veteran population, with the VA estimating that about one-third of veterans seeking treatment for substance use disorder also meet the criteria for post-traumatic stress disorder.

Co-occurring disorders can be especially difficult for doctors to diagnose because of how complex symptoms can be, with one often masking the symptoms of the other.

As of 2016, the Substance Abuse and Mental Health Services Administration estimates that more than 8 million

adults in the U.S. had co-occurring disorders. Half of them did not receive proper treatment, and around one-third received no care for mental illness or substance use disorder.

If we are going to get these individuals the help they need and deserve, we are going to need to know what care is needed and how large the existing treatment gap really is. My amendment will help to provide that data.

The second element of my amendment requires information on access to community care for individuals suffering from a mental illness other than substance use disorder.

For decades, our country has shifted mental healthcare services away from institutional care into community health providers. That is substantial progress that we certainly don't want to reverse or endanger.

Make no mistake, passing this legislation will have a direct effect on access to community care for people with mental diseases. We should know how much and to what extent that is the case. My amendment will provide Congress with the data on whether that access is increasing or, as a result of this potential legislation, decreasing.

We should not, in efforts to combat this epidemic, inadvertently create uncertainty or greater harm for other groups of people, especially such vulnerable groups as those with mental illness. My amendment will provide Congress with greater information for us to know if we are doing just that.

Mr. Chairman, I urge my colleagues to support this amendment, and I reserve the balance of my time.

Mrs. MIMI WALTERS of California. Mr. Chairman, I claim the time in opposition, but I am not opposed to the amendment.

The Acting CHAIR. Without objection, the gentlewoman is recognized for 5 minutes.

There was no objection.

Mrs. MIMI WALTERS of California. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I thank the gentleman from Michigan (Mr. KILDEE), my colleague, for offering this amendment to H.R. 5797.

This amendment seeks to add several components to a State report that is included in H.R. 5797. I appreciate Mr. KILDEE's work on this amendment. I think that this information would be valuable, and I am happy to accept the amendment. However, I want to note that we will need to talk to States about the information this amendment would have, and then report. Changes may have to be made, depending on that feedback.

I am committed to working out the technical details of the amendment as we move into conference.

Mr. Chairman, I yield to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Chairman, I thank the gentlewoman for yielding.

Mr. Chairman, I support my colleague's, Representative KILDEE's, amendment to this legislation. It is certainly important to require States to report information on individuals with co-occurring disorders and what disorders are suffered, and it is equally important to have information on access to community care for individuals suffering from a behavioral health issue other than a substance use disorder.

Mr. Chairman, I want to stress that this information is important, but the underlying problem with the IMD CARE Act continues. I believe this bill is, at best, an ineffective use of scarce Medicaid dollars. More importantly, it may undermine ongoing efforts to improve the full continuum of care for people with substance use disorders.

Mrs. MIMI WALTERS of California. Mr. Chairman, I yield back the balance of my time.

Mr. KILDEE. Mr. Chairman, I appreciate the comments of both of my colleagues.

This is an effort to make sure that, as we take on this epidemic, whatever path we may take, we do so in a way that gets us the best information we can to determine whether or not we are making the progress that this intends. We have our thoughts about that. This legislation, and this particular amendment, would ensure that Congress has the information it needs.

I encourage my colleagues to support the amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Michigan (Mr. KILDEE).

The amendment was agreed to.

AMENDMENT NO. 3 OFFERED BY MR. FITZPATRICK

The Acting CHAIR. It is now in order to consider amendment No. 3 printed in part D of House Report 115–766.

Mr. FITZPATRICK. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 6, line 7, insert before the period the following: ''or criteria established or endorsed by the State agency identified by the State pursuant to section 1932(b)(1)(A)(i) of the Public Health Service Act''.

The Acting CHAIR. Pursuant to House Resolution 949, the gentleman from Pennsylvania (Mr. FITZPATRICK) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. FITZPATRICK. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I intend to withdraw the amendment, but I want to take a moment to highlight an issue of critical importance to my home State of Pennsylvania where communities across the Commonwealth have been suffering from the scourge of the opioid crisis.

First, I want to thank the committee for tackling the IMD exclusion problem. We must ensure access to treatment to get people suffering with addiction on the road to recovery. Going forward, we must ensure that States have the flexibility that they need to provide access to treatment and not unintentionally create obstacles or bureaucratic barriers to care.

This is exactly what I had in mind when I introduced my Road to Recovery Act last year. I worked with various stakeholders across the Nation and in Pennsylvania, including Pennsylvania State Representative Gene DiGirolamo and Deb Beck, the head of the Drug and Alcohol Service Providers Organization of Pennsylvania.

I determined that States deliberately tailoring criteria to meet their unique situation, whether it be specific local realities or socioeconomic factors, need flexibility and should not be bound solely to the proprietary criteria of one organization—which, in fact, endorsed my Road to Recovery Act that included this same State flexibility criteria provision.

I am concerned for Pennsylvania and other similarly situated States that could be left behind, especially in the public patient and residential treatment context.

For instance, in Pennsylvania, we currently use the Pennsylvania client placement criteria tool for determining the appropriate level of care for an individual seeking treatment or already within Pennsylvania's treatment system. And there are simply differences between the ASAM standard specified in this bill and the criteria used by my home State of Pennsylvania.

Additionally, in States that may be transitioning to the ASAM guidelines, much work is needed to implement these changes. So, States need the flexibility and assurances to be able to address facility needs during this transition period. This would ensure access to care if the State sees a necessity for it.

Furthermore, the CMS guidance for the States applying for 1115 waivers already gives the ability to use either the ASAM criteria or other patient placement assessment tools.

A manual published by SAMHSA discusses the ASAM criteria and notes the following: ''. . . The ASAM criteria were not as applicable to publicly funded programs as to hospitals, practices of private practitioners, group practices, or other medical settings. Therefore, some States supplemented or adapted ASAM criteria.''

The same manual goes on to say that several States have adopted variations of the ASAM criteria to fit their systems and that many States have made significant improvements in the ASAM criteria to make them more appropriate to their systems and easier to use.

□ 1430

So as you can see, Mr. Chairman, one size, or, in this case, one criteria, might not fit all for States that need

to tailor their criteria for their specific public health needs.

I look forward to working with the committee and with the Senate in conference to ensure that States have the flexibility that they need to provide access to care.

Mr. Chair, I yield such time as he may consume to the gentleman from Oregon (Mr. WALDEN).

Mr. WALDEN. Mr. Chair, I thank Mr. FITZPATRICK and his team for agreeing to work with us on this issue. Unfortunately, this well-thought-out amendment would significantly alter the quality standards we have built into the base bill, and such a change would require more substantial vetting with key stakeholders than we have time for at this point.

Because of that, we are not in position of being able to accept the amendment at this time. However, we do feel that Mr. FITZPATRICK has made a good start, so I will have our team do a comprehensive vetting of the language and work with stakeholders to see if this is something we could add as we move into conference with the Senate.

Mr. Chair, I thank the gentleman for his work and I look forward to continuing to work with him on this and other issues and with the Senate as we continue work on this legislation.

Mr. FITZPATRICK. Mr. Chair, I appreciate the remarks from the chairman.

I yield back the balance of my time.

Mr. Chair, I ask unanimous consent to withdraw the amendment.

The Acting CHAIR. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

The Acting CHAIR. The amendment is withdrawn.

There being no further amendments, under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. POE of Texas) having assumed the chair, Mr. MITCHELL, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 5797) to amend title XIX of the Social Security Act to allow States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases, and, pursuant to House Resolution 949, he reported the bill, as amended by that resolution, back to the House with sundry further amendments adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any further amendment reported from the Committee of the Whole? If not, the Chair will put them en gros.

The amendments were agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Ms. CASTOR of Florida. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. CASTOR of Florida. I am opposed in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. Castor of Florida moves to recommit the bill H.R. 5797 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all that follows after section 1 and insert the following:

SEC. 2. MEDICAID STATE PLAN OPTION TO PROVIDE SERVICES FOR CERTAIN INDIVIDUALS WITH SUBSTANCE USE DISORDERS IN QUALIFIED INSTITUTIONS FOR MENTAL DISEASES.

Section 1915 of the Social Security Act (42 U.S.C. 1396n) is amended by adding at the end the following new subsection:

''(l) STATE PLAN OPTION TO PROVIDE SERVICES FOR CERTAIN INDIVIDUALS IN QUALIFIED INSTITUTIONS FOR MENTAL DISEASES.—

''(1) IN GENERAL.—With respect to calendar quarters beginning during the period beginning January 1, 2019, and ending December 31, 2023, a State may elect, through a State plan amendment, to, notwithstanding section 1905(a), provide medical assistance for addiction treatment services and other medically necessary services furnished to eligible individuals with substance use disorders who are patients in qualified institutions for mental diseases, in accordance with the requirements of this subsection.

''(2) PAYMENTS.—

''(A) IN GENERAL.—Subject to subparagraph (B), amounts expended under a State plan amendment under paragraph (1) for services described in such paragraph furnished, with respect to a 12-month period, to an eligible individual with a substance use disorder who is a patient in a qualified institution for mental diseases shall be treated as medical assistance for which payment is made under section 1903(a) but only to the extent that such services are furnished for not more than a period of 30 days (whether or not consecutive) during such 12-month period.

''(B) CONDITIONS.—As a condition of receiving payment under this paragraph, a State shall satisfy each of the following:

''(i) COVERAGE OF CONTINUUM OF CARE RECOMMENDED BY ASAM.—Provide medical assistance under the State plan for all nine levels of the continuum of care recommended, as of the date of the enactment of this section, by the American Society of Addiction Medicine.

''(ii) COVERAGE OF NEWLY ELIGIBLE INDIVIDUALS.—Provide for making medical assistance available under the State plan to all individuals described in subclause (VIII) of section 1902(a)(10)(A)(i).

''(C) CLARIFICATION.—Payment made under this paragraph for expenditures under a State plan amendment under this subsection with respect to services described in paragraph (1) furnished to an eligible individual with a substance use disorder shall not affect payment that would otherwise be made under section 1903(a) for expenditures under the State plan (or waiver of such plan) for medical assistance for such individual.

''(3) DEFINITIONS.—In this subsection:

''(A) ADDICTION TREATMENT SERVICES.—The term 'addiction treatment services' means, with respect to a State and eligible individuals with substance use disorders who are patients in qualified institutions for mental diseases, services that are offered as part of a full continuum of evidence-based treatment services under the State plan (or a waiver of such plan), including residential, non-residential, and community-based care, for such individuals.

''(B) ELIGIBLE INDIVIDUAL WITH A SUBSTANCE USE DISORDER.—The term 'eligible individual with a substance use disorder' means an individual who—

''(i) with respect to a State, is enrolled for medical assistance under the State plan (or a waiver of such plan);

''(ii) is at least 21 years of age;

''(iii) has not attained 65 years of age; and

''(iv) has been diagnosed with at least one substance use disorder.

''(C) QUALIFIED INSTITUTION FOR MENTAL DISEASES.—

''(i) IN GENERAL.—The term 'qualified institution for mental diseases' means an institution described in section 1905(i) that—

''(I) has fewer than 40 beds;

''(II) is accredited for the treatment of substance use disorders by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation, or any other accrediting agency that the Secretary deems appropriate as necessary to ensure nationwide applicability, including qualified national organizations and State-level accrediting agencies; and

''(III) employs at least one provider who, for purposes of treating eligible individuals with a substance use disorder—

''(aa) is licensed to prescribe at least one form of each type of medication-assisted treatment specified in clause (ii);

''(bb) provides, with respect to the prescription of any such medication-assisted treatment, counseling services and behavioral therapy; and

''(cc) can discuss with any such individual the risks, benefits, and alternatives of any such medication-assisted treatment so prescribed.

''(ii) TYPES OF MEDICATION-ASSISTED TREATMENT SPECIFIED.—For purposes of clause (i), the types of medication-assisted treatment specified in this clause are each of the following:

''(I) Methadone.

''(II) Buprenorphine.

''(III) Naltrexone.

''(D) OTHER MEDICALLY NECESSARY SERVICES.—The term 'other medically necessary services' means, with respect to an eligible individual with a substance use disorder who is a patient in a qualified institution for mental diseases, items and services that are provided to such individual outside of such institution to the extent that such items and services would be treated as medical assistance for such individual if such individual were not a patient in such institution.''.

SEC. 3. PROMOTING VALUE IN MEDICAID MANAGED CARE.

Section 1903(m) of the Social Security Act (42 U.S.C. 1396b(m)) is amended by adding at the end the following new paragraph:

''(7)(A) With respect to expenditures described in subparagraph (B) that are incurred by a State for any fiscal year after fiscal year 2020 (and before fiscal year 2025), in determining the pro rata share to which the United States is equitably entitled under subsection (d)(3), the Secretary shall substitute the Federal medical assistance percentage that applies for such fiscal year to the State under section 1905(b) (without regard to any adjustments to such percentage applicable under such section or any other provision of law) for the percentage that applies to such expenditures under section 1905(y).

''(B) Expenditures described in this subparagraph, with respect to a fiscal year to

which subparagraph (A) applies, are expenditures incurred by a State for payment for medical assistance provided to individuals described in subclause (VIII) of section 1902(a)(10)(A)(i) by a managed care entity, or other specified entity (as defined in subparagraph (D)(iii)), that are treated as remittances because the State—

''(i) has satisfied the requirement of section 438.8 of title 42, Code of Federal Regulations (or any successor regulation), by electing—

''(I) in the case of a State described in subparagraph (C), to apply a minimum medical loss ratio (as defined in subparagraph (D)(ii)) that is at least 85 percent but not greater than the minimum medical loss ratio (as so defined) that such State applied as of May 31, 2018; or

''(II) in the case of a State not described in subparagraph (C), to apply a minimum medical loss ratio that is equal to 85 percent; and

''(ii) recovered all or a portion of the expenditures as a result of the entity's failure to meet such ratio.

''(C) For purposes of subparagraph (B), a State described in this subparagraph is a State that as of May 31, 2018, applied a minimum medical loss ratio (as calculated under subsection (d) of section 438.8 of title 42, Code of Federal Regulations (as in effect on June 1, 2018)) for payment for services provided by entities described in such subparagraph under the State plan under this title (or a waiver of the plan) that is equal to or greater than 85 percent.

''(D) For purposes of this paragraph:

''(i) The term 'managed care entity' means a medicaid managed care organization described in section 1932(a)(1)(B)(i).

''(ii) The term 'minimum medical loss ratio' means, with respect to a State, a minimum medical loss ratio (as calculated under subsection (d) of section 438.8 of title 42, Code of Federal Regulations (as in effect on June 1, 2018)) for payment for services provided by entities described in subparagraph (B) under the State plan under this title (or a waiver of the plan).

''(iii) The term 'other specified entity' means—

''(I) a prepaid inpatient health plan, as defined in section 438.2 of title 42, Code of Federal Regulations (or any successor regulation); and

''(II) a prepaid ambulatory health plan, as defined in such section (or any successor regulation).''.

Mrs. MIMI WALTERS of California (during the reading). Mr. Speaker, I reserve a point of order on the motion to recommit.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will continue to read.

The Clerk continued to read.

Ms. CASTOR of Florida (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Florida?

There was no objection.

The SPEAKER pro tempore. The gentlewoman from Florida is recognized for 5 minutes in support of her motion.

Ms. CASTOR of Florida. Mr. Speaker, this is the final amendment to the bill. It will not kill the bill or send it back to committee. If adopted, the bill will immediately proceed to passage, as amended.

Mr. Speaker, the House has been debating legislation to combat the opioid epidemic. While many of the bills we heard last week and this week are fine, together they fail to meet the challenge of this very serious public health crisis where in America today, we are losing about 40,000 lives a year due to opioid addiction.

Now, in the Energy and Commerce Committee over the past few months, we have had numerous hearings and heard from all sorts of experts and families and the DEA and health providers. And then back home, families have been educating us on the challenges of dealing with opioid addiction.

Families and public health experts and the medical community, they have reached a consensus that we need a more comprehensive approach to tackle the opioid epidemic that includes prevention, community-based treatment, and integrated recovery plans. But it is very difficult for us to be proactive in a meaningful way on the opioid crisis when the Republicans and the White House continue to press us backwards when it comes to access to affordable healthcare.

Just last week, the Trump administration launched a new attack on Americans with preexisting conditions, and that includes families struggling with opioid addiction. President Trump and the GOP asked a Federal court to strike down the protection that prevents insurance companies from denying coverage or charging more for a preexisting condition.

This would be a devastating blow to those suffering from addiction, not to mention cancer or diabetes or a heart condition or more. This would leave more families without insurance and more families without addiction treatment.

President Trump and the GOP were not successful last year in ripping health coverage away from families across this country through legislation, so now they are trying to do this through the court system: take away the guarantee of health coverage for millions of Americans with preexisting conditions. This is wrong and it will make the opioid epidemic worse. Instead, we should be working together to develop and fund a comprehensive robust plan to combat and treat addiction.

Mr. Speaker, this is why I am proposing an amendment to strengthen the underlying bill. My amendment, most importantly, makes the 5-year limited repeal of the IMD exclusion for individuals with substance use disorders contingent on the State expanding Medicaid. It is based on the most up-to-date research and everything we know about how important Medicaid and Medicaid expansion is to treating opioid addiction.

Mr. Speaker, Medicaid is central to treating addiction, because families can get early intervention and treatment, including the important medical-assisted treatment. In fact, Medicaid serves four out of ten of nonelderly adults with opioid addiction.

According to a 2016 study by the National Council on Behavioral Health, about 1.6 million people with substance use disorders now have coverage because they live in one of the 31 States at the time that expanded Medicaid. So they are more likely to receive treatment, including access to naloxone and other drugs that help them stay off the opioids.

The Agency for Healthcare Research and Quality highlighted the importance of Medicaid expansion in increasing insurance coverage among people with opioid use disorders just recently. They found that the share of hospitalizations in which the patient was uninsured fell dramatically in States that had expanded Medicaid, from over 13 percent in 2013 to just 2.9 percent 2 years later after those States expanded Medicaid. The steep decline indicates that many uninsured people coping with opioid addiction gained coverage through Medicaid expansion.

Medicaid is part of the solution to the opioid crisis, and Republicans should not irresponsibly press to cut millions of Americans, take away their lifeline as they propose massive cuts again to Medicaid.

The Republican budget came out just yesterday. Surprise, surprise. Again, they go after families who rely on Medicaid, not just Medicaid expansion that has been so important to treating folks who suffer from addiction, but families, children, our neighbors with disabilities, folks that rely on skilled nursing care, the Republican budget released yesterday says $1.5 trillion in cuts to those families. That is not going to help solve the opioid epidemic.

Republicans in Congress cannot, on one hand, say we are facing up to the addiction crisis, and on the other say we are taking away your healthcare, whether it is Medicaid or preexisting conditions.

Mr. Speaker, I urge approval of my motion, and I yield back the balance of my time.

Mrs. MIMI WALTERS of California. Mr. Speaker, I withdraw my point of order.

The SPEAKER pro tempore (Mr. MITCHELL). The reservation of a point of order is withdrawn.

Mrs. MIMI WALTERS of California. Mr. Speaker, I claim the time in opposition to the motion.

The SPEAKER pro tempore. The gentlewoman from California is recognized for 5 minutes.

Mrs. MIMI WALTERS of California. Mr. Speaker, the Energy and Commerce Committee has worked hard to make this monumental first step in removing a decades-old barrier.

Currently the law prohibits Medicaid beneficiaries aged 21 to 64 from receiving care in an institution for mental disease, or IMD. This prohibition was set into law in the 1960s, long before the opioid crisis, and the time to repeal it in a targeted manner is now.

Now is the time, because 115 Americans are dying each day from opioid-related deaths. Now is the time, because

on average, 1,000 people are treated in emergency rooms for opioid misuse.

I am happy to work with my colleagues on expanding addiction treatment services, but that should not distract from what we are considering today: increasing access to specialized inpatient treatment for the most vulnerable in society who are struggling with an opioid addiction.

We are helping to ensure that people get the care they need in the midst of this crisis, and most importantly, it will save lives.

A recent MACPAC report clearly stated that the Medicaid IMD exclusion acts as a barrier for individuals with an opioid use disorder and is one of the few instances in Medicaid where Federal financial participation cannot be used for medically necessary and otherwise covered services for a specific Medicaid enrollee population receiving treatment in a specific setting.

The IMD CARE Act is vital to helping our communities end the opioid epidemic by removing that barrier. This bill provides for a targeted repeal of the IMD prohibition. The bill gives States a quicker alternative than Medicaid waivers to provide this much needed care. This bill was carefully crafted to ensure that patients are not being held in IMDs for longer than necessary and the bill also includes an offset.

For these reasons, the National Governors Association and the American Hospital Association support the bill.

Numerous stakeholder groups have identified the IMD exclusion repeal as one of the most significant reforms we can make to end the opioid crisis.

This is such a critical first step.

Mr. Speaker, I urge my colleagues to oppose this motion to recommit and to vote ''yes'' on final passage.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. CASTOR of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 2 o'clock and 42 minutes p.m.), the House stood in recess.

□ 1545

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DUNCAN of Tennessee) at 3 o'clock and 45 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

The motion to recommit on H.R. 5797;

The question on passage of H.R. 5797, if ordered;

The motion to recommit on H.R. 6082;

The question on passage of H.R. 6082, if ordered; and

Agreeing to the Speaker's approval of the Journal, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

INDIVIDUALS IN MEDICAID DESERVE CARE THAT IS APPROPRIATE AND RESPONSIBLE IN ITS EXECUTION ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to recommit on the bill (H.R. 5797) to amend title XIX of the Social Security Act to allow States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases, offered by the gentlewoman from Florida (Ms. CASTOR), on which the yeas and nays were ordered.

The Clerk will redesignate the motion.

The Clerk redesignated the motion.

The SPEAKER pro tempore. The question is on the motion to recommit.

The vote was taken by electronic device, and there were—yeas 190, nays 226, not voting 11, as follows:

[Roll No. 275]

YEAS—190

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Engel
Eshoo
Espaillat
Esty (CT)
Evans
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gomez
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Lamb
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Payne
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Smith (WA)
Soto
Speier
Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NAYS—226

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blackburn
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Cheney
Coffman
Cole
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Curtis
Davidson
Davis, Rodney
Denham
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duncan (SC)
Duncan (TN)
Dunn
Estes (KS)
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Frelinghuysen
Gaetz
Gallagher
Garrett
Gianforte
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lesko
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Massie
Mast
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Newhouse
Noem
Norman
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin

Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NOT VOTING—11

Black
Blum
Collins (GA)
Duffy
Ellison
Emmer
Graves (MO)
Lewis (MN)
McCarthy
Polis
Vela

□ 1612

Messrs. MARCHANT, GALLAGHER, WALKER, BRADY of Texas, FLORES, BANKS of Indiana, MULLIN, KING of New York, CULBERSON, BILIRAKIS, and COSTELLO of Pennsylvania changed their vote from ''yea'' to ''nay.''

Mrs. DEMINGS, Ms. PELOSI, and Mr. JOHNSON of Georgia changed their vote from ''nay'' to ''yea.''

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be 5-minute vote.

The vote was taken by electronic device, and there were—yeas 261, nays 155, not voting 11, as follows:

[Roll No. 276]

YEAS—261

Abraham
Aderholt
Aguilar
Allen
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bass
Bera
Bergman
Beyer
Bilirakis
Bishop (MI)
Bishop (UT)
Blackburn
Blunt Rochester
Bost
Brady (TX)
Brat
Brooks (IN)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Cheney
Coffman
Cole
Collins (NY)
Comer
Comstock
Conaway
Connolly
Cook
Cooper
Correa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Cuellar
Culberson
Curbelo (FL)
Curtis
Davidson
Davis, Rodney
Delaney
DeLauro
Denham
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duncan (SC)
Duncan (TN)
Dunn
Estes (KS)
Esty (CT)
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Frelinghuysen
Fudge
Gallagher
Garamendi
Gianforte
Gibbs
Gonzalez (TX)
Goodlatte
Gottheimer
Gowdy
Granger
Graves (GA)
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Himes
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jackson Lee
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
Kilmer
Kind
King (NY)
Kinzinger
Knight
Kuster (NH)
Kustoff (TN)
LaHood
LaMalfa
Lamb
Lamborn
Lance
Larson (CT)
Latta
Lawson (FL)
Lee
Lesko
Lieu, Ted
Lipinski
LoBiondo
Long
Love
Lucas
Luetkemeyer
Lujan Grisham, M.
MacArthur
Maloney, Sean
Marchant
Marino
Marshall
Mast
McCaul
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (FL)
Newhouse
Noem
Nolan
Norman
Nunes
O'Halleran
O'Rourke
Olson
Palazzo
Palmer
Panetta
Paulsen
Pearce
Perry
Peterson
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (NY)
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Rush
Russell
Rutherford
Scalise
Schneider
Schweikert
Scott (VA)
Scott, Austin
Sensenbrenner
Sessions
Sewell (AL)
Shea-Porter
Shimkus
Shuster
Simpson
Sinema
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Suozzi
Taylor
Tenney
Thompson (PA)
Thornberry
Tipton
Tonko
Torres
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—155

Adams
Amash
Barragán
Beatty
Biggs
Bishop (GA)
Blumenauer
Bonamici
Boyle, Brendan F.
Brady (PA)
Brooks (AL)
Brown (MD)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Costa
Crowley
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Engel
Eshoo
Espaillat
Evans
Foster
Frankel (FL)
Gabbard
Gaetz
Gallego
Garrett
Gohmert
Gomez
Gosar
Graves (LA)
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Hoyer
Huffman
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Jones
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
King (IA)
Krishnamoorthi
Labrador
Langevin
Larsen (WA)
Lawrence
Levin
Lewis (GA)
Loebsack
Lofgren
Loudermilk
Lowenthal
Lowey
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Massie
Matsui
McClintock
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Nadler
Napolitano
Neal
Norcross
Pallone
Pascrell
Payne
Pelosi
Perlmutter
Peters
Pingree
Pocan
Price (NC)
Quigley
Raskin
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez
Sanford
Sarbanes
Schakowsky
Schiff
Schrader
Scott, David
Serrano
Sherman
Sires
Smith (WA)
Soto
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tsongas
Vargas
Veasey
Velázquez
Visclosky
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—11

Black
Blum
Collins (GA)
Duffy
Ellison
Emmer
Graves (MO)
Lewis (MN)
McCarthy
Polis
Vela

□ 1620

Mses. MICHELLE LUJAN GRISHAM of New Mexico and LEE changed their vote from ''nay'' to ''yea.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCING 10TH ANNUAL CONGRESSIONAL WOMEN'S SOFTBALL GAME

(Mrs. ROBY asked and was given permission to address the House for 1 minute.)

Mrs. ROBY. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, I am thrilled to be able to join my sisters on Team Congress for the 10th annual Congressional Women's Softball Game tonight. Many of you know that our game started in 2009, after our former colleague, Congresswoman Jo Ann Emerson, and I came together and hatched a plan that—unlike the men, whom we love and respect and cheer on in the baseball game—women, being the more collegial sex, would come together and play on a bipartisan team against the common enemy: the press corps.

Those of you who were here will remember that we lost our minds in the first year and actually thought that we might be able to take on our political staff at the DNC, the RNC, the NRCC, the DCCC, and other assorted alphabet political organizations, and it didn't go so well. So the next year, we thought better of it and came together to take on the press corps.

Through those years, we have had a hearty record where the Members have won three of the nine contests that we have engaged in. But most importantly, we have always played for the Young Survival Coalition to raise awareness and put a spotlight on the millions of young women who are under 40 years old who are diagnosed with breast cancer every year.

Many of you know that I am a breast cancer survivor now of 10 years. I am very thrilled to be able to stand in front of you. Back then, I told you that I was so fearful of not being able to see the special events in my children's lives: their bar and bat mitzvahs, their high school graduations. I have been to all three of their bar and bat mitzvahs, two high school graduations, and one more to go in a few years.

We want to make sure that young women all across this country pay attention to their breast health and know what is normal for them so they know when something feels different.

I am proud to tell you that, this year, we will have reached a milestone where we have raised $1.4 million for the Young Survival Coalition.

So, my sisters, come out and join us tonight at the Watkins Recreation Center, 420 Twelfth Street SE, at 7 p.m.

Mrs. ROBY. Mr. Speaker, reclaiming my time, I just want to say that each of the gentlewomen here all play for an individual who is a survivor or a fighter.

I have a colleague who I have served on the city council with in Montgomery, Alabama, for 7 years whose 18-year-old daughter, Courtney, was recently diagnosed with leukemia. So I want all of my colleagues to know that these are the faces and the individuals whom we are playing for on the field tonight. I hope that each of my colleagues will come out.

Go, Congress. Beat the press.

OVERDOSE PREVENTION AND PATIENT SAFETY ACT

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

The SPEAKER pro tempore. The unfinished business is the vote on the motion to recommit on the bill (H.R. 6082) to amend the Public Health Service Act to protect the confidentiality of substance use disorder patient records, offered by the gentleman from New Jersey (Mr. PALLONE), on which the yeas and nays were ordered.

The Clerk will redesignate the motion.

The Clerk redesignated the motion.

The SPEAKER pro tempore. The question is on the motion to recommit.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 175, nays 240, not voting 12, as follows:

[Roll No. 277]

YEAS—175

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blunt Rochester
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Butterfield
Capuano
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Connolly
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Dingell
Doggett
Doyle, Michael F.
Engel
Eshoo
Espaillat
Esty (CT)
Evans
Foster
Fudge
Gabbard
Gallego
Garamendi
Gomez
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Lamb
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Rourke
Pallone
Panetta
Pascrell
Payne
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sires
Smith (WA)
Soto
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)

NAYS—240

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blackburn
Blumenauer
Bonamici
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Byrne
Calvert
Carbajal
Carter (GA)
Carter (TX)
Chabot
Cheney
Coffman
Cohen
Cole
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Curtis
Davidson
Davis, Rodney
DeSantis
DesJarlais
Deutch
Diaz-Balart
Donovan
Duncan (SC)
Duncan (TN)
Dunn
Estes (KS)
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Frankel (FL)
Frelinghuysen
Gaetz
Gallagher
Garrett
Gianforte
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huffman
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lesko
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Massie
Mast
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Newhouse
Noem
Norman
Nunes
O'Halleran
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schneider
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Sinema
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Suozzi
Taylor
Tenney
Thompson (PA)
Thornberry
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NOT VOTING—12

Black
Blum
Collins (GA)
Denham
Duffy
Ellison
Emmer
Graves (MO)
Lewis (MN)
McCarthy
Polis

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1633

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 357, nays 57, not voting 13, as follows:

[Roll No. 278]

YEAS—357

Abraham
Adams
Aderholt
Aguilar
Allen
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barr
Barragán
Barton
Bass
Beatty
Bera
Bergman
Beyer
Biggs
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Blackburn
Blumenauer
Blunt Rochester
Bonamici
Bost
Boyle, Brendan F.
Brady (PA)
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Brown (MD)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Butterfield
Byrne
Calvert
Capuano
Carbajal
Cárdenas
Carter (GA)
Carter (TX)
Cartwright
Castro (TX)
Chabot
Cheney
Cicilline
Clark (MA)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (NY)
Comer
Comstock
Conaway
Connolly
Cook
Cooper
Correa
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Crowley
Cuellar
Culberson
Curbelo (FL)
Curtis
Davidson
Davis, Danny
Davis, Rodney
DeFazio
Delaney
DeLauro
DelBene
Demings
DeSantis
DesJarlais
Deutch
Diaz-Balart
Doggett
Donovan
Doyle, Michael F.
Duncan (SC)
Duncan (TN)
Dunn
Eshoo
Estes (KS)
Esty (CT)
Evans
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foster
Foxx
Frankel (FL)
Frelinghuysen
Fudge
Gabbard
Gaetz
Gallagher
Gallego
Garamendi
Gianforte
Gibbs
Gomez
Gonzalez (TX)
Goodlatte

Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Green, Al
Green, Gene
Griffith
Grothman
Guthrie
Hanabusa
Handel
Harper
Harris
Hartzler
Hastings
Heck
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Himes
Holding
Hollingsworth
Hoyer
Hudson
Huffman
Huizenga
Hultgren
Hunter
Hurd
Issa
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jordan
Joyce (OH)
Katko
Keating
Kelly (MS)
Kelly (PA)
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kustoff (TN)
LaHood
LaMalfa
Lamb
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lawson (FL)
Lesko
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lucas
Luetkemeyer
Lujan Grisham, M.
Lynch
MacArthur
Maloney, Carolyn B.
Maloney, Sean
Marchant
Marino
Marshall
Mast
McCaul
McCollum
McEachin
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meeks
Messer
Mitchell
Moolenaar
Mooney (WV)
Moulton
Mullin
Murphy (FL)
Neal
Newhouse
Noem
Nolan
Norcross
Norman
Nunes
O'Halleran
O'Rourke
Olson
Palazzo
Palmer
Panetta
Paulsen
Payne
Pearce
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Posey
Price (NC)
Quigley
Raskin
Ratcliffe
Reed
Reichert
Renacci
Rice (NY)
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Ruiz
Ruppersberger
Russell
Rutherford
Ryan (OH)
Sanford
Scalise
Schiff
Schneider
Schrader
Schweikert
Scott (VA)
Scott, Austin
Sensenbrenner
Sessions
Sewell (AL)
Sherman
Shimkus
Shuster
Simpson
Sinema
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Smucker
Soto
Stefanik
Stewart
Stivers
Suozzi
Swalwell (CA)
Takano
Taylor
Tenney
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tipton
Titus
Tonko
Torres
Trott
Tsongas
Turner
Upton
Valadao
Veasey
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—57

Amash
Carson (IN)
Castor (FL)
Chu, Judy
Clarke (NY)
Cummings
Davis (CA)
DeGette
DeSaulnier
Dingell
Engel
Espaillat
Garrett
Gohmert
Grijalva
Gutiérrez
Jackson Lee
Johnson (GA)
Jones
Kaptur
Kelly (IL)
Kennedy
Khanna
Kihuen
Kuster (NH)
Labrador
Lee
Levin
Lewis (GA)
Lowey
Luján, Ben Ray
Massie
Matsui
McClintock
McGovern
McNerney
Meng
Moore
Nadler
Napolitano
Pallone
Pascrell
Roybal-Allard
Rush
Sánchez
Sarbanes
Schakowsky
Scott, David
Serrano
Shea-Porter
Sires
Speier
Vargas
Velázquez
Wasserman Schultz
Waters, Maxine
Watson Coleman

NOT VOTING—13

Barletta
Black
Blum
Collins (GA)
Denham
Duffy
Ellison
Emmer
Graves (MO)
Lewis (MN)
McCarthy
Polis
Vela

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1644

Ms. MAXINE WATERS of California, Messrs. GARRETT, and RUSH changed their vote from ''yea'' to ''nay.''

Messrs. SEAN PATRICK MALONEY of New York and CROWLEY changed their vote from ''nay'' to ''yea.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATIION

Mr. DENHAM. Mr. Speaker, I missed votes due to an extraordinary circumstances. Had I been present, I would have voted "Nay" on rollcall No. 277 and "Yea" on rollcall No. 278.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

Pursuant to clause 1, rule I, the Journal stands approved.

REPORT ON H.R. 6157, DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2019

Ms. GRANGER, from the Committee on Appropriations, submitted a privileged report (Rept. No. 115–769) on the bill (H.R. 6157) making appropriations for the Department of Defense for the fiscal year ending September 30, 2019, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

HIGHLIGHTING OPPORTUNITY ZONES IN NORTH CAROLINA'S FIFTH DISTRICT

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, I rise to highlight the recently designated opportunity zones in North Carolina's Fifth District. Last month, the U.S. Treasury approved 22 opportunity zones in North Carolina's Fifth District as part of the Tax Cuts and Jobs Act. Referring to areas with untapped economic potential, The New York Times called the provision ''the first new substantial Federal attempt to aid those communities in more than a decade.''

With new incentives for long-term capital investment, opportunity zones allow State and local governments to facilitate increased economic development in rural and suburban areas often overlooked for new investments as companies are drawn to thriving metropolitan areas.

Thanks to the tax cuts and regulatory relief delivered by this united Republican government, the American economy is booming, and opportunity zones will spread that prosperity to communities in need of new capital to create wealth and grow.

ZTE POSES A THREAT TO OUR SECURITY

(Mr. MCEACHIN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MCEACHIN. Mr. Speaker, ZTE, the Chinese telecom corporation, poses a clear threat to our security. The Pentagon has banned the sale of ZTE devices on U.S. bases, saying they ''may pose an unacceptable risk to the Department's personnel, information, and mission.''

Similarly, there is no dispute that ZTE violated sanctions designed to pressure Iran and North Korea. In April, the Department of Commerce instituted appropriate penalties.

Now, for transparently political reasons, President Trump has reversed those penalties, giving ZTE a new lease on life.

As elected officials, one of our most basic responsibilities is to keep Americans safe. In granting ZTE an undeserved reprieve, the President did just the opposite. The failure is dangerous and unacceptable.

Last week, the Senate approved a bipartisan NDAA amendment to restore the penalties President Trump revoked. I am pleased by their success, and I will strongly support efforts to maintain that language in the coming NDAA conference. I urge my colleagues on both sides of the aisle to do the same.

Politics needs to stop at the water's edge. Congress can and must do what the President will not.

PAKISTAN IS NO ALLY OF THE USA

(Mr. POE of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POE of Texas. Mr. Speaker, yesterday, Lieutenant General Austin Miller, the nominee to lead our forces in Afghanistan, testified before the Senate that the biggest obstacle to success in Afghanistan is Pakistan.

He echoes the same frustrations the President expressed earlier this year and what others in this Chamber, including myself, have said for years,

that Pakistan is providing safe havens for terrorists and playing both sides. Terrorist leaders even arrogantly make public appearances in Pakistan, with the knowledge of the government.

When we take action against terrorists in Pakistan, Pakistan officials typically condemn us, rather than take steps to improve counterterrorism efforts.

President Trump and the incoming commander for U.S. forces in Afghanistan hold a realistic view of Pakistan. Pakistan is the problem with success in Afghanistan.

There should be no American money sent to Pakistan until they stop their treacherous ways. Otherwise, the 17-year-old war in Afghanistan may never end.

And that is just the way it is.

STOP SEPARATING FAMILIES

(Mr. PAYNE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAYNE. Mr. Speaker, there are babies being ripped away from their parents at the southern border in the name of the American people. Make no mistake, this is part of an evil plot by the Trump administration, and it has to stop.

What I want to know is how the Trump administration is keeping track of these children. My triplets didn't carry identification around when they were little babies. That was my wife's and my job, to be able to identify them and speak for them. We were with our kids, and we could identify them.

If these babies don't have identification, how will they be reunited with their parents? How will they be reunited with their families?

The American people demand answers, Mr. Speaker. The American people demand an end to this evil, to this new GOP nonprofit, ''Cage the Children.''

SIX MONTHS OF TAX REFORM

(Mr. WILLIAMS asked and was given permission to address the House for 1 minute.)

Mr. WILLIAMS. Mr. Speaker, I would like to take this time to reflect on the past 6 months in this country.

On December 20, 2017, Republicans in Congress passed the most historic tax reform in three decades, known as the Tax Cuts and Jobs Act. That day will long be remembered as a time when American families and businesses were once again made a priority.

As a small-business owner myself, I have spent my time in Congress fighting for tax cuts that would allow Main Street to breathe again.

Small business optimism is at an all-time high across Texas' 25th District. Employers are increasing their workforce and raising wages.

Tax reform has created more than 1 million jobs, which has brought unemployment down to 3.8 percent. That is incredible.

Mr. Speaker, all of this is great, but I want the American people to know that we are not done yet. Congress is not done yet. I am continuing to work to strengthen the economy and make tax cuts permanent.

We will fight year after year to make America more competitive, keep our Tax Code simpler, flatter, and fairer. Business is simply good.

In God we trust.

LGBT PRIDE MONTH

(Mr. LANGEVIN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LANGEVIN. Mr. Speaker, I rise today to recognize LGBT Pride Month, a time to celebrate the diversity of the LGBT community and honor the strength and courage of LGBT people throughout history.

I was thrilled to attend the annual LGBT Pride Fest this past weekend in my home State of Rhode Island, a wonderful celebration that illustrated just how far we have come in the fight for equality.

But the struggle isn't over, Mr. Speaker, and it is more important than ever that we stay strong and vocal. We, as a society, cannot and should not accept that LGBT people face discrimination in this country every day, whether they are in a cake shop, the armed services, or in a school bathroom.

That is why I am proud to cosponsor the Equality Act, which was introduced by my good friend and colleague from the Ocean State, Congressman DAVID CICILLINE, and is cosponsored by 196 of my colleagues.

Discrimination is never justified. Let's celebrate our diversity and promote a culture of tolerance and acceptance, not only during Pride, but every day of the year.

EMERALD COAST WILDLIFE REFUGE

(Mr. GAETZ asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GAETZ. Mr. Speaker, today I rise to celebrate the outstanding work of the leadership and volunteers at the Emerald Coast Wildlife Refuge in my district. The wildlife refuge services thousands of animals each year from Escambia, Santa Rosa, Walton, and Bay Counties. They provide services through rescue, rehab, and environmental outreach.

Our community leaders and volunteers have shown overwhelming support for this incredible mission that includes educational outreach so that young people can learn more about our environment and the fantastic critters that we share the planet with.

I am so proud of the wildlife refuge's accomplishments over the past decade, and I look forward to the future impact that they will have on their new home in the Navarre community and throughout the great northwest Florida.

STOP THE BARBARIC TACTICS

(Ms. KAPTUR asked and was given permission to address the House for 1 minute.)

Ms. KAPTUR. Mr. Speaker, last night, Ohio was subjected to another Trump administration ICE worker raid involving rounding up 146 workers at meat processing plants in Salem, Canton, and Massillon, Ohio, making Ohio among the top States in the union where these workers have been poached.

Again, Detroit-based ICE agents swooped into Ohio, fully armed, to round up dozens of workers who toil in one of the least attractive jobs in our Nation, cold, bloody, slippery, and, yes, dangerous, hard jobs in the meat processing industry, jobs U.S. citizens don't want.

My message to President Trump: Stop the barbaric tactics. Stop breaking up working families.

If we don't fix this system, these agricultural jobs will be offshored, and we will be importing even more of our food. Let us set up a dependable system to regularize the hiring of workers. Heartland States like Ohio are capable of creating a level playing field for businesses and workers from our country and abroad.

To take the crime out of seeking employment in the Americas requires amending NAFTA and CAFTA by updating those accords to address continental employment standards.

The President campaigned on reforming NAFTA. Well, Mr. President, we are making you an offer you shouldn't refuse. Show our workers and our companies some respect. We will meet you at any time, at any place to broker a better deal for Ohio and heartland workers.

The SPEAKER pro tempore (Mr. HOLLINGSWORTH). Members are reminded to direct their remarks to the Chair.

HONORING COACH SAM HARRELL

(Mr. BARTON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BARTON. Mr. Speaker, I rise in honor of the new head football coach at Ennis High School, Coach Sam Harrell.

Coach Sam Harrell was born in 1975 in Seminole, Texas. He went to high school in Brownwood, Texas, where he was valedictorian. He became, the first time, the high school coach at Ennis back in 1994. Over the next 15 or 16 years, he won three State championships, went to the semifinals twice, was Texas High School Coach of the Year in 1999, became head of the Texas High School Coaches Association, and was in

the Texas High School Football Hall of Fame.

But in 2005, he came down with multiple sclerosis, which was not treatable by conventional therapy. He had to go out of the country for some stem cell treatments. Those were successful. He moved back to this country, continued to live in Ennis, Texas, and stayed active in the community. And about 2 weeks ago, the school board and school superintendent named him, again, to be the head football coach at Ennis High School.

He is a very great coach, but he is also a greater man. He is very Christian. He is good with the kids. He is just an absolute stellar individual.

Congratulations to Coach Sam Harrell, who is, once again, head football coach for the Ennis Lions, who have five State championships in their history.

□ 1700

WE ARE FAILING TO LIVE UP TO OUR CORE VALUES

(Mr. MOULTON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MOULTON. Mr. Speaker, America is keeping kids in cages. America is keeping kids in cages.

Many people across our country have risen to say that this is not who we are. It doesn't represent our values, our ideals, or our Constitution.

But the sad reality is that today, this is who we are. You are an American. I am an American. It is fellow Americans who are ripping toddlers from their mothers and fathers and guarding them in steel cages.

And in truth, we have done this before. We herded American Indians into reservations. We turned our backs on Jews fleeing for their lives from the Holocaust. We ripped children from their parents when we sold them as slaves.

But we all thought we had learned our lessons, moved past those hateful times. We have been on a march to grow into a country with the courage to live up to our values and serve as a beacon of hope for the world, not repeat the darkest parts of our history.

The families in these detention centers aren't fleeing to the U.S. to take our jobs, they are running for their lives. They are fleeing a world of racism, ransom, murder, where their sons are being forced into violent gangs, and their daughters are being stolen on their way to school and prostituted as sex slaves.

A nation that fails to learn the lessons of history, that fails to live up to its core values, that can't abide by the rights enshrined in its own Constitution, is not strong, Mr. Speaker, it is weak.

Today, we are stealing kids from their parents and we are weak.

And although it is this administration's policy that is directly responsible for this disgusting practice, we are all guilty as fellow Americans so long as it goes on.

Life, liberty and the pursuit of happiness. These are our core values. Let's live up to them today.

MEMORIALIZING MARTIN MARTINEZ

(Mr. SEAN PATRICK MALONEY of New York asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SEAN PATRICK MALONEY of New York. Mr. Speaker, I rise today to memorialize Martin Martinez and to draw attention to his story and his struggle.

Martin lived for over 30 years here in the United States. He worked hard, paid taxes, learned English. He had two beautiful American children, one of them, Maria, worked for the people of the United States, the House of Representatives, and for me.

Martin was a good American, but he was also an undocumented immigrant, and even though he was putting himself at risk and he knew it, he and his wife self-reported to the government to declare their status. They followed every instruction they were given, and they stayed out of any kind of trouble, but they were still deported.

Soon after the deportation, Martin paid the ultimate price and lost his life on February 27.

Now, he had existing heart problems, but his daughter, Maria, will tell you, ''This administration separated my family and my dad died of a broken heart.''

Maria and her brother are now forced to grieve alone, for their mother was also deported and has been barred from reentering the United States for a decade.

Maria and the rest of the Martinez family are forced to suffer the real human cost of this administration's policies. And it is stories like Martin's that so clearly demonstrate the need for comprehensive immigration reform.

Martin's story is the story of millions of immigrants. It is our story. And it is our responsibility to learn from it and to act. We can't bring back Martin Martinez, but we can do something to heal our country.

I AM STANDING FOR THE CHILDREN

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE. Mr. Speaker, America is listening to the pain of so many of the Members, my colleagues, as we have experienced the devastation of watching families torn apart from their babies, their toddlers, their young children.

I spent my Sunday and Monday, Father's Day, looking at those who just simply wanted an opportunity, holding baby Roger in my hands, whose mother had died and whose sister was ripped away from him and prosecuted criminally for entering the United States. Or baby Leah, who was 1 year old and was obviously fussy and had been in such a way that she was experiencing trauma.

And yet, we now have this executive order that looks as if the President has done something that he could not have done a few hours ago, which is picking up the telephone and telling the people at the border to cease and desist.

Those are good people who work there. They are only following orders. But this is a tragic executive order—it has no heart to it—because what it does is, yes, it keeps the families together in a criminal posture and houses them in the same conditions, now on military bases, rather than allowing them to proceed through court proceedings. In my southern district of Texas we have 50,000 cases in backlog because, as I go to the Budget Committee, this administration refuses to give us more judges.

Well, they are trying to open one of these places in my congressional district. And I want to congratulate Houston, because Houston is standing for humanity; it is standing, as the Pope has said, because everyone deserves dignity.

This executive order is not worth the paper it is written on because it could have been a phone call, not a demand that it is all of Congress' fault.

But I am standing for the children, and we are going to save them.

THE IMPORTANCE OF NATURAL GAS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. OLSON) is recognized for 60 minutes as the designee of the majority leader.

Mr. OLSON. Mr. Speaker, the purpose of this House Energy and Commerce Special Order is to talk about America's energy dominance, especially with natural gas.

This conversation is very important today because the World Gas Conference happens in this town, Washington, D.C., next week. What a difference a decade makes.

When I joined Texas Senator Phil Gramm's office in 1998, one ugly word described American oil and natural gas. That word was peak.

Experts, here and around the world, said America had peaked in our production of oil and natural gas.

Every year, we would buy more oil and gas from foreign sources, and we had to buy oil from some companies that didn't like us very much and hurt us by taking oil away.

No one cared about a group called OPEC until they stopped the flow of oil that they had and that we needed.

OPEC was led by Arab nations who were upset that we resupplied our best ally ever, Israel, when they were invaded by their neighbors. It happened

in 1973. It happened again in 1979. Gas prices doubled overnight.

In 1979, I had just gotten my driver's license. My job was to take our family cars and fill them with gas that had gotten down to a quarter of a gallon in the tank. I got in line for 45 minutes or maybe as long as an hour. We could only purchase 20 gallons of gasoline. We could only buy that gasoline on days per your license plate. If the last number was odd, buy gas on an odd day. Even, even day.

Heck, a guy on a lawn mower was behind me getting gas one day. That is how bad it was just one decade ago.

But thanks to the American private sector and our ingenuity, hydraulic fracturing and directional drilling, America has a whole new world order for energy. We have global energy dominance, and that is what we are here to talk about today, that special happening right now in America.

Right now, our country, America, is the number one producer of oil and gas in the entire world. Our natural gas increasingly powers our homes and our businesses, making our air cleaner and our economy stronger, especially on the Gulf Coast, where I am from.

OPEC knows their days of controlling the market and punishing people for bad actions they perceive are over. They have right now, as we speak, flooded the market with oil to try to keep prices low and stop America's newfound energy dominance. They have tried and they have failed.

We had more oil and gas than they had. We have that gas, and now we are letting the free market take over, and we have a lot more who can tap that in a moment's notice.

And this doesn't just mean affordable power and gasoline at home. It also means American jobs.

One study last year said over 800,000 jobs in the gas and oil industry came to our country for this renaissance. This renaissance, this dominance, has allowed us to export natural gas and oil for the first time since 1975. Over 40 years not on the market.

We are going from basically zero exports of natural gas to 10 billion cubic feet per day in exports.

It wasn't long ago we were building terminals to import natural gas, and now we are reversing them to export natural gas. That is what American energy dominance looks like.

And as we say in Texas, there is a new sheriff in the global natural gas market, and that sheriff's name is Uncle Sam.

And these huge exports of natural gas are helping America export liquid freedom to friends we want to help, and hurt those who use energy as a weapon to control other countries.

For too long, a former KGB spy and Russia's de facto dictator, Vladimir Putin, has controlled nations that escaped the Iron Curtain when the Berlin Wall fell in 1991. Nations like Lithuania, Estonia, Poland, and Ukraine were still beholden to what TED POE calls the Napoleon of Siberia, Mr. Putin.

If they did not do what Mr. Putin wanted, they lost all power. Summers were scorching; winters were bitter cold. Comply or punish. You are not free.

America, right now, is taking these weapons away from Mr. Putin. Cheap natural gas takes away the hooks of tyranny.

This is important even for countries that don't buy our gas because our gas is making the market a true market with competition and lower prices. That market puts a lid on bad actors and what they can charge.

But sadly, this explosion, this dominance, caught the previous administration by surprise and we were way behind the curve in getting our natural gas on the global market.

Good news: The Energy and Commerce Committee stepped up in this Congress to make sure we get these exports going and these projects approved quickly.

□ 1715

We made sure they are safe, great for our environment, with minimal impacts, and we take all of the local concerns into account. But red tape and these silly delays hurt us. We have stopped that and have got a free market going in so many important ways.

In this Congress, the 115th Congress, we are using this new opportunity to expand our Nation's energy dominance with natural gas. This means, for the whole world, cheaper, cleaner power, the jobs that come with that, and it brings American jobs back home from overseas.

Right now, America is exporting freedom to friends and allies and taking away a monopoly from bad actors. Get ready, world. Uncle Sam is coming to your neighborhood, your hometown.

I yield to the gentleman from Oregon (Mr. WALDEN), chairman of the Energy and Commerce Committee.

Mr. WALDEN. Mr. Speaker, I want to thank my colleague from Texas, the vice chairman of the Energy Subcommittee, who has just been a real leader on energy issues across the country and around the globe.

Mr. Speaker, I just want to talk about the shale revolution and what it has really meant not only for jobs and growth in America, but energy worldwide. The shale revolution and the dramatic increase in domestic oil and natural production has really been remarkable. American innovation did this. Technological advancements did this. It transformed the United States from an importer of natural gas to a major exporter.

The positive effects, the enormous effects are being felt around the globe. OPEC and the established gas suppliers like Russia, they all bet against the United States. And guess what. They have lost.

Now, as American energy exports reach world markets, they are losing their stranglehold on supply and prices. U.S. LNG exports are going to markets across Asia, North America, Europe, and, yes, to even some of our allies in the Middle East.

The rise of the U.S. as a global energy superpower means that energy markets are more open. They are more transparent and competitive than ever before. And we are creating great American jobs here. We really are. If you look at these regions where these finds have been discovered and now are being developed, people are getting good wages, good jobs. They are building out, and it makes us stronger.

President Trump didn't want to say, ''We want to be energy independent''; he wanted to say, ''America is going to be energy dominant.'' And that is what we are becoming. That is a good thing.

By the way, as we find this new natural gas and we build out more generating facilities, we are also reducing our carbon emissions. We are below the 1995 levels. I don't think there is a country on the planet that has reduced emissions more than the United States during this period, so we are making progress there, too.

The increase in LNG exports around the globe over the past 2 years will help us and is the result of continuing expansion in the U.S. LNG export capacity. Two LNG projects, Sabine Pass in Louisiana and Cove Point in Maryland, have been online since 2016. That has increased the U.S. LNG export to 3.6 billion—that is with a B—cubic feet per day.

There are four more projects scheduled to come online in the next couple of years: Elba Island LNG in Georgia and Cameron LNG in Louisiana in 2018, and Freeport LNG and Corpus Christi LNG in Texas in 2019. Once completed, U.S. LNG export capacity is expected to reach 9.6 billion cubic feet per day by the end of 2019. That is the end of next year.

Meanwhile, in my home State of Oregon, work continues on the Jordan Cove LNG export facility in Coos Bay.

As export capacity continues to increase, the United States is projected to become the third largest LNG exporter in the world by 2020, following closely behind Australia and Qatar.

As chairman of the Energy and Commerce Committee, I have prioritized a progrowth, proconsumer, all-of-the-above, and, frankly, all-of-the-below approach to energy that includes a focus on natural gas. We have held a number of hearings.

We have looked into the overall impacts of natural gas development, the enormous number of new jobs, good family wages, middle class jobs and economic growth, the increased use of natural gas for power generation, the reduction in carbon emissions, the need for new infrastructure, and the advantages for domestic manufacturing and global competitiveness.

We have looked at all of that in the Energy and Commerce Committee, and my colleagues, many of whom you will

hear from tonight, Mr. Speaker, have really led on this. My colleague from Texas (Mr. OLSON) has really been a fine leader on the Energy Subcommittee.

I encouraged our Members to work across the aisle. Growing American energy and great-paying jobs should be a bipartisan effort. We need to improve the regulatory process so we can solve some of the challenges that may prevent us from reaching our full American potential.

This is our century. This is the American century, and we are seeing great progress. We cut taxes. We are growing a million jobs and have the lowest unemployment rate in decades. We have more job openings than people to fill them, and a lot of that has to do with energy.

For example, members of the Energy and Commerce Committee have introduced and the House has passed legislation that would modernize the permitting processes for interstate and cross-border natural gas pipelines and LNG export facilities. These bills all passed the House on a bipartisan basis, Republicans and Democrats getting together, getting things done. I am encouraged by the support they are receiving in the Senate, too.

While these bills have not yet been signed into law, the Trump administration is very receptive to our approach to improve coordination and permit reviews and dedicate a single Federal lead agency. Part of the swamp back here is there are so many people, so many agencies, and so many duplicative processes that have been accumulating for decades.

And if you are the innovator who wants to do something new, if you want to grow jobs in your community, your State, your region, you have got to navigate this morass of red tape and regulation and permitting. About the time you think you have got it done, some other agency shows up, and then somebody else and then somebody else, and your enormous investment languishes out there for years and years and years.

We can do better than that. You can maintain all of the important environmental law, but if we have a lead agency, we can find some efficiency.

I think the vice chairman would agree that we might be able to find efficiency in the Federal Government. I think it is possible. And I think with the lead agency, we can.

This one-agency, one-decision process is now being rolled out because of the Trump administration, with a goal to cut down permitting time to 2 years or less. I think you can probably do it faster than that, but, hey, we will take 2 years or less. That is a big win.

Our energy security is stronger today than at any point in America's history, due in large part to natural gas. Natural gas has contributed to jobs and economic development both here in America, here at home, and it is improving the efficiency of our power generation fleet. It is increasing the competitiveness of our manufacturers who use it as both a fuel and a feedstock. It is strengthening our hand diplomatically, and it is creating jobs, jobs, jobs, good-paying jobs. It is a win-win across the board.

And so I appreciate the vice chairman's leadership on this special time for us to come to the House floor and share the great progress of the Energy and Commerce Committee and the country, the bipartisan work we are doing, and the great innovative future that lies before us.

Mr. OLSON. Mr. Speaker, I thank Chairman WALDEN for his comments to remind the American people and the entire world that this American dominance of natural gas has made America's air cleaner for global emissions.

As the chairman knows, America has reduced gas emissions 11 percent in the last decade. I told that to people in India this past March and they were stunned.

How did you guys do that? Our air is so dirty? What should we do?

It is simple: Buy American liquified natural gas.

And they are doing that right now.

The next speaker is a good friend from Ohio, a man who Mr. Putin fears because he has control of what is called the Utica shale play in Ohio.

A man from India, Prime Minister Modi from India, loves BILL JOHNSON from the great State of Ohio.

Mr. Speaker, I yield to the gentleman from Ohio (Mr. JOHNSON).

Mr. JOHNSON of Ohio. Mr. Speaker, I want to thank my friend and colleague, Representative PETE OLSON, for partnering with me to colead this Special Order tonight on the benefits of natural gas and liquified natural gas exports, especially as the United States prepares to hold the World Gas Conference next week.

I am honored to share this floor time with Mr. OLSON to talk about this very important topic, and I also want to thank many of my colleagues on the Energy and Commerce Committee for participating in this Special Order tonight to talk about this important topic.

I represent rural eastern and southeastern Ohio, which is no stranger to the benefits of natural gas. My district sits on top of, as Representative OLSON just mentioned, the Utica and the Marcellus shale plays, which have led to a growing interest in new and exciting manufacturing opportunities like ethane cracker plants and ethane storage opportunities.

In fact, one recent report led by Shale Crescent USA and IHS Markit forecasts that this region will supply 37 percent of the Nation's natural gas production by 2040. This same report forecasts that natural gas liquid production from these two plays will increase from 0.53 million barrels per day in 2017 to 1.37 million barrels per day in 2040, an increase of over 150 percent. Other studies predict that the region has sufficient ethane feedstock to support up to five ethane cracker plants.

These opportunities are huge. These are massive construction projects, putting upwards of 10,000 construction workers to work over a 6-year period, with upwards of 1,000 permanent employees once those plants go operational.

Additionally, ethylene projects within the region will have a comparative advantage because of the access to ample supplies of locally produced, low-cost ethane and because of the fact that the region is in close proximity to over two-thirds of U.S. polyethylene consumption. And that is only half the story.

The economic and geopolitical benefits of exporting our excess gas are equally exciting as these benefits are helping to encourage oil and gas activity throughout Ohio, Pennsylvania, and West Virginia.

As you will hear from multiple colleagues tonight, the U.S. is now the world's leading producer of oil and natural gas, and we are projected to become a net energy exporter by 2026. Natural gas production is at an all-time high, and reserves are so large that they are predicted to meet domestic demand for almost a century.

Ohio alone reached new heights in October of 2017 as natural gas production reached 5.5 billion cubic feet per day. Simply put, we must do everything we can to take complete advantage of this abundance, and that includes LNG exports.

However, the window of opportunity for American LNG exports will not remain open indefinitely. The U.S. is in fierce competition with other LNG-exporting nations, and if America misses our opportunity to get into these international markets in a big way, our share of the global gas market could be greatly reduced. Subsequently, opportunities to support our national security and strengthen the energy security of our allies through American LNG will diminish as well.

So we must continue to elevate and promote the United States as a reliable source of natural gas onto the world market, which will diversify our friends' and allies' energy sources, greatly reduce their vulnerability to a single monopolistic supplier, and change the conversation at the table with the likes of Russia's Vladimir Putin.

Additionally, studies have found that LNG exports support thousands of American jobs, many of them within manufacturing. ICF International, Inc., estimates that these jobs will occur across the entire value chain, translating into millions of dollars in new wages for American workers.

In fact, the Department of Energy once again highlighted the benefits of LNG exports with a study it released just this past week. This study, which is in addition to four other studies commissioned by DOE since 2012, presented data that demonstrates just

how LNG exports are a net benefit to our economy.

Additionally, these exports increase our GDP. They lower the trade deficit. And it is for those reasons, these reasons, that I have led the effort to ensure the U.S. does all it can to take advantage of our ability to export natural gas.

Most recently, the Energy and Commerce Committee passed H.R. 4606, the Ensuring Small Scale LNG Certainty and Access Act, out of committee in a bipartisan fashion. I was proud to author this bill, which seeks to codify the Department of Energy's recent efforts to encourage exports of small volumes of natural gas.

There is a significant interest in potential for U.S. natural gas in the Caribbean, Central America, and South America, although not in the quantities that the current large-scale domestic exporting facilities were built to address via conventional liquefied natural gas tankers. H.R. 4606 will help the U.S. to act on these interests through greater regulatory certainty and a reduction in administrative regulatory burdens.

□ 1730

Now, when I first came to Congress in 2011, I worked hard to advance the idea that energy independence and security are the next great frontiers for America.

Today, energy independence and security have been replaced by a new concept. Mr. Speaker, you have heard Representative OLSON mention it, and you have heard Chairman WALDEN mention it. It is called energy dominance; and with it, all the global economic and geopolitical implications that come with being the king of the energy hill.

Such an energy vision that harnesses America's innovative exceptionalism will lead to new discoveries and technologies around domestic energy production, storage, distribution, and usage; and will lead us to greater economic prosperity and job growth.

I am excited to help further that vision which includes natural gas and LNG exports. I am excited for all the great opportunities that lie ahead for our country, and I appreciate the opportunity to speak on those benefits tonight.

Mr. OLSON. Mr. Speaker, I thank my friend from Ohio. I also thank my dear friend for reminding me that Utica is the Marcellus in your district. It also reminded me over and over of the benefits the gentleman has had in Ohio. Rough parts in the country had some bad years, some down times. We have something that Texas called the Eagle Ford shale play that goes down from basically San Antonio to Laredo, a rough part of Texas, not very much growth there. When Zavala happened back home—I was down there about 3 years ago—a man got his first royalty check. He was thrilled. He goes to his bank to deposit, in his Sunday best suit, and says to the guy there: Put this in my account.

His banker said: Great, I got it.

He puts it in his account. He comes back and says: Okay, that is 100,000—whoa, whoa, whoa—100,000? I thought it was 1,000.

His mind could not see the zeros, the periods, and the commas. We changed his world with American ingenuity.

The next person up is the former leader of this committee, the chairman, a proud Texas Aggie, and the single most strongest force to get the crude export ban lifted that was installed in 1975, Chairman JOE BARTON from Ennis, Texas.

Mr. BARTON. I thank Congressman OLSON for his leadership as vice chairman of the subcommittee and a tireless leader on behalf of energy in this country.

Also, I want to thank Congressman JOHNSON for his strong efforts and also compliment him on his playing in last week's Congressional Baseball Game. Congressman DUNCAN was also on the team and played well as shortstop.

Oil was discovered in Pennsylvania back in the mid-1800s. As the oil industry began to develop, they more and more would run into what we would today call associated gas. Every now and then while drilling for oil they would hit a well that didn't have any oil, but all it had was what today we call natural gas.

They didn't know what to do with it. They used the oil to make kerosene, lubricants, and home heating oil and things like that, but they didn't have a real purpose for natural gas. So they would just flare it, just literally in the field, light a match, put a flare pipe up and flare it. As time went on, they discovered that it had a fairly high Btu energy content, and they discovered a way to contain it, to store it, and to transport it through pipelines. Because it was a gas, it was not a liquid in its natural state, so while it was not as valuable as oil, it had enough value that it was worth looking for and worth keeping.

You rock along and you rock along, and in the 1950s and 1960s, we began to set price controls on natural gas in interstate commerce. The Federal Government would regulate the price and as a consequence people stopped looking for it, because it wasn't economic to find it unless you could find a well that you could sell in intrastate commerce, within the State.

When I ran for Congress in 1984, I ran on the platform of repealing what was called the Natural Gas Price Act of 1978 where Congress had set a price control on interstate natural gas in some cases as low as 2 cents per 1,000 cubic feet. Gas in the intrastate market, deep gas, was selling as high as $15 per 1,000 cubic feet. There is a big difference between $15 and 2 cents.

One of my first accomplishments in Congress under President George Herbert Bush, the first President Bush, was to see the NGPA repealed. The Natural Gas Policy Act of 1978 was repealed, and it was my amendment that did that. So I was very proud of that.

Rock along a few more years, and in 2005, I was chairman of the Agriculture Committee, and we were doing a major energy bill, the Natural Gas Policy Act of 2005. We did a lot of things in that bill. We felt at that time that there was going to be a shortage of natural gas in this country. Some of the States, States like Massachusetts, California, and New York, were trying to prohibit import terminals for natural gas, for liquefied natural gas, LNG, being built. The States would not give the permits.

So in the infinite wisdom of the Congress, we passed, as a part of the Energy Policy Act of 2005, a section, an amendment to the bill, that gave ultimate decisionmaking authority to the Federal Energy Regulatory Commission, or FERC. Because we thought we were going to need to build these import terminals to import natural gas and the States were going to try to thwart it, we required a consultation with the States. The States had to be involved in the process, but the ultimate decision would be made by the Federal Government under the auspices of the Federal Energy Regulatory Commission.

A funny thing happened, Mr. Speaker. Some oil producers and gas producers down in Texas—one of them was a Texas Aggie, a guy named George Mitchell—decided that you had all these shale formations, and there were hydrocarbons in them, but they were like rock. Literally, if you look at a core sample of some of these shale formations, which you all had mentioned today in this Special Order, it is just like solid—it is solid rock.

George Mitchell and others decided, by golly, we can get natural gas out of that if we fracture the rock under pressure and create tiny little cracks where natural gas can escape from. Come to find out it worked. Then they also decided: Do you know what? Instead of drilling the classic vertical well, what if we bent the drill bit at a 90-degree angle and drilled horizontally?

Son of a gun if that didn't work too.

So the combination of hydraulic fracturing with horizontal drilling made all of these shale formations economic, and the result was an absolute bonanza of natural gas available at economically recoverable prices in the United States of America.

Congressman JOHNSON has mentioned some of the formations up in his part of the country, the Marcellus and the Utica. Of course, Mr. OLSON talked about the Eagle Ford shale down in Texas, the Barnett shale in my part of Texas. All over this country—Pennsylvania, even in New York, California, Colorado, Texas, New Mexico, Louisiana, Arkansas, Ohio, and Kansas—there are shale formations—literally almost everywhere in the United States—and in most of those shale formations, it is economically recoverable

to drill for natural gas—and in some cases for oil also—but tonight we are talking about natural gas.

Funny things happened. We didn't need to import natural gas. We had so much of it, we could export it. We used that provision we put in the Energy Policy Act of 2005 to begin to license, not import terminals but export terminals. Congressman OLSON, Congressman JOHNSON, and Chairman WALDEN have talked—and I am sure Mr. BUCSHON and Mr. DUNCAN will talk later—about the economic consequences of that. We are exporting or going to export about 2 billion cubic feet a day this year of liquified natural gas.

We are going to quadruple that in the next few years. If you look at the economic value of that, if you assume that you are selling it overseas about $4 per 1,000 cubic feet, this year we will export three-quarters of a trillion dollars—a trillion dollars is a thousand billion. And not in the near future, we are going to be exporting several trillion dollars worth of natural gas every year, hundreds of thousands of jobs, just an economic—I don't know what you would call it—a bonanza. It is not a windfall because it is not luck. It is hard work. It is American ingenuity and American technology. It is revolutionizing the energy markets.

As has been pointed out, we are also beginning to export oil as a consequence of the ban being repealed for crude oil exports. That is a story for another Special Order.

The future for natural gas in this country as a source of fuel is unlimited. The economic benefits are obvious, but there is another benefit, and it is the ability to export freedom. When we export our natural gas, in many cases we are exchanging the source of the supply from a totalitarian—not quite totalitarian, but certainly not a totally democratic country like Russia—with a free country like the United States.

Now, it has been mentioned that Qatar, Algeria, and Saudi Arabia are also large exporters of natural gas, and they are allies of the United States, friends of the United States. But they don't have, as of yet, the purely democratic institutions, the totally free markets, and the free market capitalistic system that we have here.

So when we send our natural gas overseas, we are also sending to the countries that use it, economic, and in some cases, political freedom. They cannot be held hostage to sources of supply that don't have the same democratic values that we do.

So, as Congressman JOHNSON pointed out earlier, the World Natural Gas Conference is here in Washington next week. A number of us will participate in that conference. It is really a tribute to the natural gas industry in the United States that they have used the American innovative spirit and American technology to create a product which brings benefits economically not only here but overseas, and it really helps, in my opinion, put freedom in the driver's seat.

So this is a great Special Order.

Mr. Speaker, I want to thank Congressman OLSON for leading it and the other members of the Energy and Commerce Committee for participating. I am proud to be a part of this group.

Mr. OLSON. Mr. Speaker, I thank my dear friend from Texas. I want to thank my dear friend for also saying the name of George Mitchell. As you know, George Mitchell revolutionized our energy with hydraulic fracturing, directional drilling of the Barnett shale play by Fort Worth. It took Mr. Mitchell 35 or 36 wells to drill before the first one came back viable.

□ 1745

That money was private sector money, not money from D.C. The private sector made this revolution possible. I thank the gentleman for reminding us about what happened.

By the way, people think the gentleman's car may be there, the Corvette convertible, in the background. It looks like a 1959, maybe a 1963.

Mr. Speaker, I yield to the gentleman from Indiana (Mr. BUCSHON), a good friend and also a doctor

Mr. BUCSHON. Mr. Speaker, I thank Mr. OLSON and Mr. JOHNSON for hosting this Special Order.

Manufacturing is a key industry that helps drive Indiana's strong economy. According to the National Association of Manufacturers, Indiana manufacturers exported $33.78 billion in goods and employed 16.8 percent of the Hoosier workforce in 2016. Much of the credit for such a strong manufacturing presence in Indiana is its relationship with natural gas.

In 2016, a comprehensive study was released detailing the positive effects that domestic natural gas brought to communities across the Nation. The study prepared by the National Association of Manufacturers provides examples of how natural gas is increasing the industrial strength and worldwide competitiveness of American companies.

Among the findings, the study said that the natural gas industry has added nearly 1.9 million total jobs to the economy and saved working American families an average of $1,300 in disposable income in a single year through the production and use of shale gas.

According to the study, the U.S. supply of natural gas is projected to increase by 48 percent throughout the course of the next decade, resulting from the growing demand for this energy source.

During periods of high commodity prices, companies that rely on a high volume of natural gas to manufacture products can find it difficult to maintain a competitive advantage in an increasingly global market. However, an abundant supply of domestic natural gas has led to a reduction in natural gas prices. In turn, this increased affordability is allowing these companies to increase their manufacturing output.

Further, the transportation of natural gas through an expanding national pipeline network means that this clean-burning natural resource is also becoming more accessible for American companies and presents a growing number of manufacturing opportunities.

Through the increased production of domestic shale gas alone, more than a million American jobs were created to help meet the demand for the energy source.

Additionally, the need for the manufacturing of new natural gas transmission pipelines across the Nation added several hundred thousand jobs on top of that. This surge in new jobs, coupled with the monetary profits gained from additional natural gas production, has led to a GDP hike of $190 billion. Ultimately, this translates into more disposable income in the pockets of hardworking Americans.

Finally, the use of natural gas, both as a fuel source and a raw material, has resulted in environmental benefits as well, and we should not lose sight of that.

With the International World Gas Conference just 1 week away, I am proud of the continued growth and success of our domestic natural gas industry, which is helping to power this country's economic and manufacturing growth.

Mr. OLSON. Mr. Speaker, I yield to the gentleman from Ohio (Mr. JOHNSON), my cohost, to follow up the comments of Dr. BUCSHON as we transition to going overseas.

Mr. JOHNSON of Ohio. Mr. Speaker, the gentleman from Texas mentioned it; Chairman WALDEN mentioned it; Mr. BARTON mentioned it. We should be celebrating, and that is what we are doing here tonight. All America should be celebrating the good fortune that we have to be blessed with such an abundance of natural gas.

In my home State of Ohio, and many other areas in the Midwest and Appalachia, the production of natural gas and its valuable liquid byproducts is providing a much-needed boost to our local economies.

Let me give you some figures. From 2011 to the end of May 2018, we had drops in unemployment in the counties that comprise my 18-county district by more than 48 percent. Some of those counties, especially the ones that have the heavy shale plays, have seen drops of unemployment upward of 60 percent. It is unbelievable.

In addition to the direct benefits, the natural gas industry also supports hundreds of thousands of manufacturing jobs across the country and supplies our industries with a reliable and affordable source of domestic energy.

Next week, as thousands of visitors and dignitaries from around the world arrive here in D.C. to attend the World Gas Conference, we should reflect on

our country's energy dominance—you have heard that term several times—and how that affects our standing on the world stage.

According to the Energy Information Administration, the United States has remained the world's top producer of natural gas ever since 2009, when we surpassed Russia in production levels.

Additionally, last year, we set a record in natural gas production, with gross withdrawals reaching almost 91 billion cubic feet per day.

I am telling you, Mr. Speaker, this is a big deal for America. It is charting the way for a new future of energy dominance and leverage not only in the economic energy markets, but also on the international stage.

So there are a lot of reasons to be optimistic about where America is going on the energy front because of natural gas.

Mr. OLSON. Mr. Speaker, may I inquire how much time is remaining.

The SPEAKER pro tempore. The gentleman from Texas has 15 minutes remaining.

Mr. OLSON. Mr. Speaker, I yield to the gentleman from South Carolina (Mr. DUNCAN), from the home of William Barret Travis, the commander of the Alamo.

Mr. DUNCAN of South Carolina. Mr. Speaker, I thank the gentleman for holding this Special Order and for recognizing South Carolina's role in helping the Republic of Texas.

You heard the words from the gentleman from Ohio about the economic impact on his State, and on America, with America's energy independence and the renaissance that we are experiencing.

In a tax reform committee hearing today, Chairman WALDEN talked about the economic benefits of tax reform on the energy sector, but also on America.

We are blessed in this country with natural resources. We have an abundance of natural gas.

What does an abundance of natural gas mean? That means that, last year, for the first time since 1957, we are an exporter of natural gas.

Now what does that mean not only for American producers that are providing the natural gas and the LNG terminals that are being built along the coastal regions in Houston and Louisiana—and, hopefully, one day in South Carolina, we will have an LNG terminal to help us play a part in that—but what does that mean for our allies and friends around the world? Well, just think about it.

Mexico is a huge importer of U.S. LNG. Not only are they importing natural gas through a pipeline from the plays down in Eagle Ford and Barnett in Texas, but they are also importing LNG.

We all know the situation in Venezuela. Venezuela is imploding. So many countries in South America, Latin America, are relying on Venezuelan energy. The Caribbean nations are relying on Venezuelan energy. South American countries are relying on that.

If we can provide, through LNG exports, sustainable, reliable energy sources for the Caribbean nations, that is a game changer for them, the Panama Canal being a distribution hub for U.S. LNG to be distributed all through Latin America.

I was in Spain recently and talked with the Spanish folks. They want to be the LNG importer of American LNG so they can distribute across Western Europe so that Western Europe can be less reliant on Russian gas.

Europe is reliant on Russian gas, and Russia definitely has used the spigot for energy sources as a political tool against Europe. In fact, the Lithuanian President recently said this: ''U.S. gas imports to Lithuania and other European countries is a game changer in the European gas market. This is an opportunity for Europe to end its addiction to Russian gas and ensure a secure, competitive, and diversified supply.''

American LNG exported to our friends and allies around the world is a game changer for the geopolitics of energy. We can provide abundant natural gas that we have produced in this country to folks around the world and lessen their dependence on less reliable sources. American businesses will benefit from that, and our neighbors and friends will benefit from that. That is why it is so important.

Mr. Speaker, I thank the gentleman for holding this Special Order tonight and for allowing me to speak about something I am very passionate about and that is using the abundant resources we have in this country to change lives around the globe.

Mr. OLSON. Mr. Speaker, since I have known the gentleman, he has been a champion for American energy independence. Drill, baby, drill. Frack, baby, frack.

Mr. Speaker, I yield to the gentleman from Illinois (Mr. SHIMKUS), the chairman of the Environment Subcommittee.

Mr. SHIMKUS. Mr. Speaker, it is great to be here tonight to talk about something that we have talked about quite a bit. I am glad to see the gentleman has, obviously, the LNG terminal and the Lithuanian-flagged Independence. I also brought it down.

I don't have to be as complete in my comments, because I have heard the comments of easing and helping Europeans be independent of imported Russian natural gas.

Lithuania is on the Baltic Sea. I am the chairman of the Baltic Caucus. We have Lithuania, Estonia, and Latvia. I have spent a lot of time watching them and encouraging them in their actual leadership of Eastern Europe. They set out in 2014 to become independent of Russian gas. So they went through the process of getting the LNG terminal.

I love the name. It is called the Independence so they can be independent and free. They have a history of being extorted by the Russians in the crude oil department. There is a refinery there called Mazeikiu Nafta, which a U.S. company bought and then the Russians turned off the oil.

So those are the extortions and the concerns. Now what they have is the ability to compete in the open market. They had their first LNG gas come from the United States earlier in 2017. They now have an ability to negotiate for the best price, which helps a lot.

First of all, it helps their citizens. It helps, obviously, their businesses. It also helps the allies in surrounding countries. What they have now been able to do is negotiate through the Baltic region of pipelines and storage, and we have had talks, as you know, on smaller export LNG vessels to be able to get to smaller communities.

We are a party of all-of-the-above technology. We believe in having the energy resources compete for lower prices. I am glad the gentleman from Texas came down here and is expounding the virtues of freedom it has provided for the Baltic countries, and I look forward to continuing shipping U.S. liquefied natural gas, which helps our balance of trades and creates jobs in America, to our allies and friends around the globe.

Mr. OLSON. Mr. Speaker, this was not coordinated. We came together with pictures of the Independence. But my friend knows this better than I do. How many people turn out—those are ordinary people—to watch a tanker come into port? Why are they coming out to watch that tanker? It is because they know that tanker is their freedom from Mr. Putin and Russia.

Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore (Mr. GAETZ). The gentleman from Texas has 8 minutes remaining.

Mr. OLSON. Mr. Speaker, I yield to the gentleman from Colorado (Mr. TIPTON).

Mr. TIPTON. Mr. Speaker, I thank the gentleman from Texas for yielding.

This is really about creating jobs on American soil, creating opportunities, literally, for our families to be able to have better prospects for the future.

Mr. Speaker, I rise today to be able to talk about, not only America, but the world's energy future. In my district of Colorado, we benefit from vast energy resources. In 2016, we learned that one of these resources, natural gas, has even greater potential than initially thought.

□ 1800

The U.S. Geological Survey announced that the Mancos shale formation in Piceance Basin had the potential to be the second largest natural gas deposit in the United States. The abundance of natural gas in western Colorado puts us in the unique position to be able to create jobs here at home and also to supply American allies with reliable sources of energy well into the future.

For too long, our Nation's adversaries have supplied America's allies with energy resources. We cannot let countries like Russia lead in the global energy market when the U.S. has the resources to be able to supply countries in Europe and Asia with affordable and reliable energy.

Last year I called on the administration to examine a project that would allow for the U.S. to send LNG to Asian markets. The proposed Pacific Connector Gas Pipeline would transfer the natural gas from Piceance Basin in western Colorado to the Jordan Cove terminal in Coos Bay, Oregon.

The Jordan Cove terminal is estimated to have the capacity to be able to transport 7.8 million metric tons of LNG annually to the Pacific Northwest and Asia. Unfortunately, under the previous administration, the Federal Energy Regulatory Commission denied the application for the Jordan Cove project, citing a lack of global demand. Not long after the application was denied, Jordan Cove procured an agreement for 75 percent of the pipeline's capacity, proving that there is demand for U.S. LNG in Asia.

It is my hope that FERC will soon approve the resubmitted application for the Jordan Cove project and we can bring good-paying jobs to western Colorado and send clean, affordable, and reliable energy to Asia.

As the U.S. works to advance technologies that decrease the environmental footprint of energy production, it cannot be ignored that countries like China and India continue to be some of the world's top polluters. We can responsibly develop U.S. natural gas resources to be able to benefit communities across our Nation and by transporting our energy resources to countries around the globe. The United States can have a measurable impact on the economies and environmental health of communities overseas.

The United States cannot sit back and let other countries lead the world into the energy future. The time for responsible development of natural gas is now and to be able to create jobs here at home.

Mr. OLSON. Mr. Speaker, I thank my friend from Colorado for his comments. The gentleman is always welcome here. I thank my friend for pointing out the fact that, we think oil and gas in America, we think the coasts: the Gulf Coast, Pacific Coast, Atlantic Coast.

But my friend enlightened us. It is not just the coasts. It is the heart and soul of America, the interior, States like Colorado, Wyoming, North Dakota. All these States have shale plays. All these States are booming now with American energy production.

I would like to close with a couple comments and maybe take a tour of the world as it stands today.

We started exporting our natural gas less than 2 years ago. Right now, 29 countries have received American liquified natural gas. Those countries are Argentina, the Bahamas, Barbados, Brazil, Chile, China, the Dominican Republic, Egypt, India, Italy, Japan, Jordan, Kuwait, Lithuania, Malta, Mexico, Netherlands, Pakistan, Panama, Poland, Portugal, Russia, South Korea, Spain, Taiwan, Thailand, Turkey, UAE, and the UK.

American energy has touched the entire world. They are feeling our dominance in a very healthy and great way. We are giving them their freedom. Liquid American freedom is on the market right now.

Mr. Speaker, I yield back the balance of my time.

ISSUES OF THE DAY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, I am grateful to my Republican friends for pointing out the advantages of natural gas.

I might add that we had, in the last Congress, a hearing about what was the world's largest solar plant. This wasn't a plant that had solar panels. It had thousands of mirrors pointing to three different towers that would superheat the water, which would turn to steam and would drive turbines to produce electricity.

I have one article here. This was from February 2014. It talked about the Ivanpah Solar Electric Generating System, sprawling across roughly 5 square miles of Federal land; that is Mojave Desert area near the California-Nevada border. It had opened, and it was glorified. There was $1.6 billion in Federal loans, $600-some-odd million in grants to help them make their payments. Years later they paid 7 million—well, 2 years ago, they had paid back, I think they said, $7 million of the $2.2 billion.

Anyway, this article was about the world's largest solar plant scorching birds in the Nevada desert. From testimony we heard, apparently this solar plant, as birds would fly through the superheated sunlight, it would cause them to explode in flames, which is why the locals called them flamers.

Originally, they were not expecting to have to spend a lot of money cleaning mirrors with water. They thought it would just be dust. They didn't anticipate all the flaming bird debris—some of them endangered species, I am quite sure.

In a period of February through June, there were 290 of those flamers that exploded in flames and scattered their bird debris. Anyway, that was the solar side of it.

Since they had a contract to provide all this electricity and they had used up their $2.2 billion, what do you do when you don't have $2.2 billion and the ability to burn up endangered species and you don't have that kind of government grant? Well, you take just a little bit of money and you do what they did: you use natural gas—very environmentally friendly.

You can create a natural gas electrical plant very, very cheaply and make up for what the fire, the flaming birds, and all the other things did to slow down this great solar-powered plant. So there is a lot to be said for natural gas.

We did have a hearing yesterday, and one of the things I did not get to point out that I had highlighted but just didn't have enough time to ask the inspector general about, since his conclusion was, even though there were hundreds of pages that clearly reflected not just bias, but angry, hateful animus against Donald Trump, Republicans—but certainly Donald Trump—the IG, it seemed very clear to me, with hundreds of pages documenting the overwhelming bias among those who were supposed to be fair and impartial, figuratively depicting justice being blind, well, it was as if IG Horowitz decided: Well, we have got all this overwhelming bias, so that will make the Republicans happy. But I have got so many Democratic friends, I don't want to get them permanently upset with me, so I will just conclude that there is no evidence that bias affected the investigation at all.

Yet, in his own report, IG Horowitz said, and this is in the executive summary, page 9: ''Most of the text messages raising such questions pertained to the Russia investigation, and the implication in some of these text messages, particularly Strzok's August 8 text message ('we'll stop' Candidate Trump from being elected) was that Strzok might be willing to take official action to impact a Presidential candidate's electoral prospects. Under these circumstances, we did not have confidence that Strzok's decision to prioritize the Russia investigation over following up on the Midyear''—the Hillary Clinton—''related investigative lead discovered on the Weiner laptop was free from bias.''

Boy, is that an understatement. Here it is established beyond any reasonable doubt Strzok not only hated Trump, was trying to impress his mistress, but clearly, things he did showed their bias; and it is IG Horowitz's own words that it was Strzok's decision, heading up this investigation into Hillary Clinton's emails. Here they had tens or hundreds of thousands of emails that were found on the Anthony Weiner laptop, and it was Strzok's decision.

He had the authority to decide, and he did decide: We are not going to really investigate that. We are not going to make that a priority. We are going to push that aside and, instead, go after this so-called Russia investigation involving Trump.

That, even standing alone, is overwhelming evidence of bias that affected the investigation. I know Mr. Horowitz apparently was just trying to keep from making all of his Democratic friends mad, so he threw them this little gift: Clearly, there was all kinds of bias, but I will say in my conclusions that I couldn't find that bias affected

the investigation where clearly it did. He said it in his own words it was Strzok's decision, and he decided not to follow up on that.

In fact, with all of my friends across the aisle who continue to repeat the mantra that Comey's October press conference cost Hillary Clinton the election, despite the evidence that she was not a good candidate, she didn't do what was needed to honestly and openly win an election, when it came to these emails that needed to be investigated, it sounds a whole lot more like what happened was that even Comey calling that October press conference was a cover for Hillary Clinton, because the alternative—kept hearing from sources, I believe, that there were FBI agents who had found all these emails of Hillary Clinton's that were supposed to be gone. They didn't have them. They were destroyed. They were unavailable because she had obstructed justice. She had obstructed justice by destroying evidence.

They thought all these emails were gone, and all of a sudden FBI agents are in possession of these massive number of Clinton emails. And so Comey sat on them.

If Comey had not called that press conference, then it appears what was likely going to happen, you were either going to have FBI agents who learned from Comey how you go about leaking—and we saw the information from IG Horowitz that apparently there were agents at the top who were quite good at leaking information, even getting tickets and different things in return for their leaking, that those agents would have leaked that information.

And when it came out that they knew they had found all these missing Clinton emails and Comey was sitting on it, he was obstructing justice, then that would have doomed the Clinton campaign. She would have lost by a whole lot bigger once it came out that Comey was blocking, obstructing, not allowing them to investigate these newfound—well, they had been found for a month. They were sitting on them.

We found out at the hearing yesterday that, actually, Rosenstein made the decision not to allow Congress to have those for the last month. Who knows how long he may have known about them.

He really does need to be fired. He needs to go. Clearly, he has obstructed Congress' investigation. The question is how much obstruction of justice did Rosenstein do back in 2016. We don't know. But we do know there was obstruction.

Apparently, according to Horowitz, it was Strzok who had the authority to decide are we going to dig into these newly found or month-long found emails from Hillary Clinton or are we just going to set those aside because they might hurt Hillary Clinton's election and, instead, go after this Russia investigation—totally bogus—based on purchases by the Clinton campaign.

□ 1815

And Strzok—his decision—he decided, I am not going to pursue this evidence that actually blows Hillary Clinton's claims out of the water. Instead, we are going to pursue Trump.

That is one overwhelming piece of evidence where the bias affected the investigation. It could have blown the campaign out of the water where it wouldn't have even been close.

But rather than Comey allowing it to leak out, there were also rumors—and, like I say, I had good sources and others had good sources and indications that we might even have one or more FBI agents resign over Comey and Strzok obstructing the Clinton email being investigated. If FBI agents had either resigned and had a press conference and disclosed how Strzok and Comey were obstructing justice and preventing the investigation into Hillary's emails that had been in their possession for a month, that would have devastated the Clinton campaign far worse.

So Comey, not wanting to hurt the Clinton campaign, preferring to hurt Trump, called a press conference. As I said in some interview back in October when I was asked about whether or not this was a serious investigation, I said: Well, if he comes back in 2 or 3 days and says there is nothing there, then we will know for certain that this was simply an effort to protect Hillary Clinton, because, clearly, they could not properly investigate all of those emails in such a short period of 2 or 3 days.

Sure enough, just a couple of days later, Comey comes out of a press conference: Gee, we have investigated this massive number of emails, and Hillary Clinton is clean.

So, rather than destroying her campaign, Comey's action, it appears—more likely, actually—saved her campaign and allowed it to be closer.

So that is just a little bit of information that I didn't get to yesterday.

Now, it is absolutely incredible what has gone on, not on our southern border—that is amazing enough—but all of the mayhem that has been raised by the media. All of the outrage that has been expressed by Democrats is really extraordinary when we look at the facts about what has been going on since 1997—not new laws, not terribly new laws that this administration is working with. Unlike the Obama administration, this administration has not seen fit to just speak new laws into existence.

Like with DACA, President Obama, like any good totalitarian monarch, spoke that he wanted this law. He didn't even sign the new royal edict; he just spoke it into law. Then Jeh Johnson, head of Homeland Security, drafted some memos to create it. Now, it overruled existing law, overruled law that had been passed by bipartisan efforts here in the House and Senate, signed by people like Bill Clinton and others. But, anyway, he spoke it into law.

Here we have an administration that really does want to follow the law. I had been down on the border all hours of the night and day as well. But during the Obama Presidency, I had been down on our border. I had seen children separated from the adults they were with talking to Border Patrol agents.

We have heard from ICE. Of course, what is being thrown figuratively and literally at ICE agents is really outrageous. What is being hurled in the way of both words and actions toward people simply following the law that even Democrats helped create is really outrageous.

There is an article here by Michelle Mark dated June 19 from Business Insider: ''Several former Obama administration officials took to social media and news outlets last month to explain a gallery of years-old photos that showed immigrant children sleeping in shoddy conditions at a government-run holding facility in Arizona.

''The images, which the Associated Press first published in 2014, resurfaced recently for reasons that remain unclear, and quickly prompted viral outrage on Twitter. One particularly disturbing image showed two children sleeping on mattresses on the floor inside what appeared to be a cage.''

That was the Obama administration, the very thing that people are going nuts about, screaming and hollering.

''A number of prominent liberals—and even a former Obama administration official—shared the photos, mistakenly believing they depicted the Trump administration's treatment of immigrant children who were forcibly separated from their parents.''

Obviously, these former Obama officials did not realize that this was what they did to children. And then to be holier-than-thou with an administration that simply is enforcing the law the Obama administration often violated when they were guilty of actually following the law themselves? They could have made better conditions.

I am happy to report that the conditions I see under the Trump administration down on our southern border are much better than they were under the Obama administration. The facilities for children are much, much better. I mean, there were some really terrible situations that the Obama administration created down on our border during President Obama's terms, especially the second term. It was a bit shocking what was happening to children then.

It has been amazing. There was one child holding on to a fence, and that was used to show how terrible it was for this sweet little child. It turns out that was part of an immigration protest. This kid wasn't in any kind of cage. In fact, the other pictures that have now been discovered show that it was apparently some adult figure who was part of the protest and dragged the kid there, but it certainly was not someone caged by the Trump administration.

But this goes on to say: ''Jon Favreau, who worked as a speechwriter for former President Barack Obama, tweeted, 'This is happening right now, and the only debate that matters is how we force our government to get these kids back to their families as fast as humanly possible.'

''Favreau said he later deleted the tweet after social media users pointed out that the photos were taken during the Obama administration. But by that point, critics had already rushed to accuse him of concealing Obama's own harsh immigration tactics while condemning Trump's.

''Favreau said in a series of tweets that he made a 'mistake' by not checking the date of the photos before sharing them on Twitter. He explained that the photos were taken in 2014, when the Obama administration faced 'an influx of unaccompanied minors who showed up at the border, fleeing violence from Central America.' ''

Well, I can tell you, there were many of these people I saw all hours of the night that weren't fleeing violence, but they had heard they had opportunities. I have been there when small children were being passed among—well, the Border Patrol is at one end of the group of people that had come in illegally asking questions, and they are shuffling around trying to decide who is going to claim this child. And then, on some occasions, they say: Oh, no, no, no, not with me, not with them. No, they are by themselves.

Well, I watched you just walk up here taking care of this child.

No, they were unaccompanied.

It is also interesting, with all of the outrage about the 12,000 children that were being so well taken care of, 10,000 of the 12,000 came unaccompanied, was the claim, and 40 percent of those coming are teenage males of gang age. We know, it turns out, many of them are gang members.

We know, just recently, there was an MS–13 member claiming a child. It may have been his child. But that child did not need to be with a MS–13 gang member.

We know, during the Obama administration, during the George W. Bush administration, and during the Clinton administration, it was not uncommon to separate children from a parent if they believed the parent might not be in the best interest of the child, may be a threat to the child.

Again, for heaven's sake, these children, whether accompanied or unaccompanied, were placed by their parents in a position to cross deadly territory, be subjected to sex trafficking themselves, be subjected to becoming drug traffickers. If those things happen in this country, I have seen it as a judge when there were hearings—I didn't do juvenile law, but I saw it. I had seen hearings.

You have parents, if they let their child here in Texas, in America, do the things that parents from other countries allowed their children to go through, there is a good chance, at least in Texas, Child Protective Services would have grabbed that child and said: This is an unfit parent to let them go across a desert, to let them be in the hands of gang members, or to let them be subjected to sex trafficking and drug trafficking.

I have also been there when the Border Patrol has asked—it wasn't on their list—but frequently they would ask: How much do you pay to the gang or the drug cartel to bring you in?

$5,000, $6,000, $7,000, $8,000.

Where did you get that kind of money? You didn't have that kind of money.

Often, the final answer, after, $1,000 or $1,500 here, or $2,000 there, or somebody from America sent this: Well, where did you get the rest? Often the final answer was: They are going to let me work that off when I get to where we are going.

Well, how do you work it off?

It is either drug trafficking or sex trafficking is the way that normally got worked off. Any parent that would subject their children to that—like I say, 10,000 out of 12,000 were unaccompanied who are down there right now when they are trying to figure out what is to be done.

The outrage ought to be with parents that would allow that to happen, and the outrage ought to be with a political party or with any political people that would hang out a shiny object of a great life here—free benefits, welfare—if you will just come across a desert, risk sex trafficking, risk drug trafficking, come on.

Now, the border has to be secure. That is the humane thing to do. If we stop the $80 billion or so in drugs that came across our border, estimated last year by some, then the corruption in Mexico and Central America dries up to next to nothing. Those people would end up with a better economy, a better life, and better jobs. That is what we would do if we were a true caring, loving neighbor. We would make sure that our wall made a good neighbor stop the drug trafficking.

And these poor people who made to be drug mules, made to be drug traffickers, they are poisoning Americans. I mean, it is a matter of national security.

Donald Trump is exactly right to be so concerned and to want a zero-tolerance policy, and so is Jeff Sessions.

□ 1830

We can deal with this issue, but it is a very small percentage that are actual parents that are being separated from children. And there were parents being separated from children in the prior administration, even though the Dallas Morning News obviously either doesn't want to admit it or wants to remain in total blissful ignorance. So these things have happened, and the Trump administration is trying to fix them and do things correctly.

Now, it turns out that when our Homeland Security Secretary Nielsen was at a Mexican restaurant Tuesday night, she had people screaming at her trying to ruin her dinner and accusing her of doing what others in the Obama administration had done. It turns out one of those was an employee at the Department of Justice.

Some would say, but, again, political beliefs shouldn't adversely affect a job with the government.

Well, it should when that job is enforcing the law. When you work for the Department of Justice and you are going to scream at people because they are following the law, then you should not be at the Department of Justice.

This person that was screaming and becoming a nuisance and creating problems and screaming out in ignorance should not be working at the Department of Justice, just as anybody who is biased for Hillary Clinton or against Hillary Clinton should not have been investigating Hillary Clinton. Anybody biased for or against Donald Trump should not have been investigating Donald Trump. It does matter.

I guarantee you Democratic criminal defense attorneys, even though there was some expressed feigned outrage, if they had a client who had run for office that was on trial for a criminal charge, that criminal defense attorney would want to know which jurors supported their client and which were totally opposed to their client in the last election. They would want to know that. Maybe you do that in chambers, maybe you do that at the bench, but I have a feeling—I have heard those claims from defense attorneys about the right to know about things. Sometimes it is very personal information, but if it tells a defense attorney about someone's bias or prejudice within a potential juror, that defense attorney really does have a right to know in order to protect their client and to ensure that justice is done by fair and impartial arbiters.

But we have got people at the Justice Department still that are not fair, they are not impartial.

There is a new record here, according to Paul Bedard's article yesterday from the Washington Examiner, ''New Record, 99 Percent of Seized Border Kids From Guatemala, Honduras, and El Salvador.''

Obama prosecuted nearly half a million illegal aliens. He did. I think in those situations, they were trying to follow the law.

The only reason I bring that up is the feigned outrage. For some people, it is not feigned; they are really outraged, because they really don't realize what has gone on before. Some of us have seen it.

Now, a 100 percent no-tolerance policy, that is much stricter than the Obama administration. But President Obama and Hillary Clinton are both on video talking about how they were going to do those type of things to discourage people from coming in illegally. And now they really are feigning outrage, and it needs to stop.

Let's work together for a solution.

Mr. Speaker, I yield back the balance of my time.

AMERICAN IMMIGRATION IS AN AMERICAN PROBLEM, NOT AN IMMIGRANT PROBLEM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Oklahoma (Mr. Russell) for 30 minutes.

Mr. RUSSELL. Mr. Speaker, Dr. Kevin Portteus, professor at Hillsdale College, made an interesting observation in his excellent study, ''Immigration and the American Founding'':

America's immigration problem is not with immigrants, but with Americans. In order for the Founders' policies to be intelligible and effective, America must return to the Founders' principles of justice. If America is not based on those principles, then it is like the other nations, and the idea of America as an asylum becomes muddled and incoherent. If we accept feudal obligation and its modern incarnation, birthright citizenship, then the ideas of government by consent and the right to emigrate become obscured. If we forget that consent is reciprocal and that the purpose of government is to protect the inalienable natural rights of its citizens, then the right and duty to restrict immigration and naturalization becomes nothing but an expression of racism and nativism. If we forget our heritage as a refuge for the virtuous and oppressed of the world, then we lose a significant part of what makes America exceptional.

Mr. Speaker, I am not an immigration expert. I do, however, know and love the history of our great Republic. I speak before America, not as a member of any party, but as an American who has nearly given my life on multiple battlefields in defense of her Constitution. As such, I am disturbed at the abandonment of principle by both sides of the aisle, the acceptance of sound bites in lieu of facts, and the framing of popular, even if opposing sentiments that are used to leverage political power.

In our national immigration debate, we suffer much bitter contention, with political power being used to divide America on her foundations in the hopes that one side may force the other into its will. But what of it? What if we had no respect for the law? What if we closed the door to the poor and wretched masses? What if we had no security on our borders? What if we allowed privileged classes to have distinction in immigration? Either side prevailing on such a course would end the great experiment of liberty and equality among mankind as embodied in the very fabric of our Nation.

And with all the critique about the use of Biblical passages to support various views on immigration, how about this one from Proverbs 29:12 that can be leveled against both sides of our national government:

If a ruler pays attention to lies, all his servants become wicked.

Mr. Speaker, Dr. Portteus is correct that America's immigration problem is not with immigrants, but with Americans. We should take his counsel to examine how a people bound by liberty and equality, rather than birthright and obligation, should govern themselves and accommodate those seeking the same.

Our Founders were driven by the premise that all are created equal, endowed by the Creator with certain inalienable rights, that among these are life, liberty, and the pursuit of happiness. In that vein, they categorically rejected the notion of obligation to government or servitude to landholders simply by the happenstance of one's birth.

Washington framed it simply, but effectively: ''The bosom of America is open to receive not only the opulent and respectable stranger, but the oppressed and persecuted of all nations and religions; whom we shall welcome to a participation of all our rights and privileges, if by decency and propriety of conduct, they appear to merit the enjoyment.''

Thomas Jefferson conveyed it along these lines:

If an individual chooses to depart from the regime of his birth and to associate with a new one, he has an inherent right to do so.

Jefferson, in his first address to Congress, put it this way: ''Shall we refuse the unhappy fugitives from distress . . . hospitality . . . ? Shall oppressed humanity find no asylum on this globe? . . . Might not the general character and capabilities of a citizen be safely communicated to every one manifesting a bona fide purpose of embarking his life and fortunes permanently with us.''

To redress the dilemma of various States creating a patchwork of standards for who should be allowed or not allowed as immigrants, the framers of the Constitution settled the issue by granting Congress the power to ''establish an uniform naturalization rule.''

Enjoying the fruit of such immigration policy, the French-born immigrant J. Hector St. John de Crevecoeur, in his ''Letters from an American Farmer'' praised the political liberty and economic prosperity of America, saying: ''Europe contains hardly any other distinctions but lords and tenants; this fair country alone is settled by freeholders, the possessors of the soil they cultivate, members of the government they obey, and the framers of their own laws, by means of their representatives . . . It is here that the idle may be employed, the useless become useful, and the poor become rich.''

The first Federal naturalization law passed by this Congress under the Constitution required 2 years' residency in the United States, 1 year's residency in the State he was applying for citizenship, an oath of loyalty, and as an indication of the times, rather than many of the framers' expressed wishes, that the applicant be a free white person. Subsequent statutes increased the length of time to as much as 14 years, but by 1802, Congress settled on the 5-year residency requirement that persists to this day. No other restrictions were imposed. No incentives or encouragements by class were instituted.

Later, Congress abolished the immigration slave trade in 1808 and further eliminated the notion of class structure with the Passenger Act of 1819 to end indentured servitude immigration. It would take another 50 years to secure the rights of all men under the law, but the steady efforts of many were realized without any alteration of the framers' original principles. After the Civil War, the Fourteenth, Fifteenth, and Sixteenth Amendments simply and rightly applied those principles to all Americans, naturally born, freed, or naturalized.

American anathema to class distinction guided her well in the first century, culminating with the Civil War, as all men truly became equal under the law along the framework of the Founders' principles. Rejected was an obligation to government by birth, but rather, the American ideal was to voluntarily consent to government by choice. This ideal in its purist sense was upheld until the 1898 Supreme Court decision United States v. Wong Kim Ark which somewhat returned the feudalistic citizenship by birthright contrary to the views of many of the Founders. While doing good in securing certain rights for certain individuals, it also set up the construct to eliminate the rights of those not naturally born who wished to associate as law abiding immigrants by choice.

American immigration historically has largely been driven by world events. Prior to the Great Depression and World War II, annual immigration comprised .64 of 1 percent of the United States population, with spikes as high as 1.61 percent. Immigrants expanded the country, cultivated the fields, spiked the railroads, and laid the cities across the Nation. By the time we entered the First World War in 1917, fully one-third of the Nation's population had been born overseas or had a parent who was an immigrant. A full 20 percent of the doughboys we sent to France in World War I were not even born in the United States, fighting to secure our liberty and also a new place in the world in what became an American century.

Immigration dropped sharply due to economics, fear, and war with the Great Depression and World War II, but migrant workers still came by the hundreds of thousands during the war. Laborers from Mexico and Central America entered the agricultural fields and farms as we fed our armies and ourselves.

An inseparable bond between agriculture and the guest worker resulted in demand for farm workers and industrial labor during the war. The United States Government recognized this with the Bracero accord that allowed for these workers to come annually to

meet a crisis during the war and a vibrant economic growth thereafter.

Succumbing to fears about uncapped workers in our fields and farms or on our machines at home, this Congress ended the Bracero accord in 1964. And with the institution of new immigration caps in 1965, an almost immediate spike in illegal immigration rose as seasonal workers, with no guarantee that they would make the next season's quota, stayed instead. The problem became so bad, that Congress again struggled with what to do and by 1986, took a stab at accommodating those that some argued would have likely been citizens at normal immigration rates in exchange for strengthening our southern border. We only got the immigrants when both were sorely needed.

Now we are here today. Only .32 percent of our population are immigrants arriving annually. That is markedly lower than when we were fighting the Civil War. While the agricultural industry and the housing and construction industries are symbiotically entwined, we instead address immigration issues separate from what used to be handled under the Bracero accord.

□ 1845

And while the economic drivers are pulling immigrants to seek a better life in our country, we, in turn, will restrict already small percentages of our population to even smaller ones, despite the fact that our unemployment numbers are lower than our job openings for the first time in American history.

What could we do? Some low-hanging fruit would be to secure our border and to provide some type of permanent residency for minors known as DACA recipients to address the immediate need. A bipartisan majority could readily vote for such a clean measure. Then, once that is done, we can establish a uniform naturalization rule to address further issues.

Yet the solutions offered to us this week, instead, are to demonize family migration, accommodate only those with some station in life or those able to pay a million bucks to get a permanent residency and, thus, end the hopes of those wishing to come here legally with an already reduced system.

We have many claims floating around these august Chambers. Here are some of them:

Immigrants are taking our jobs;

Immigrants are destroying our American way of life with chain migration;

We are flooded by a wave of illegal and legal immigration unlike any time in our Nation's history.

Here's the reality: The percentage of native-born workers to fuel our construction and agricultural economies do not exist. We can either import workers or we can import our food.

In a study published in 2013, economist Michael Clemens did a 15-year analysis of data on North Carolina's farm labor market, concluding there is virtually no supply of native manual farm laborers in the State. This was true even in the depths of a severe recession.

In 2011, with 6,500 available farm jobs in the State, only 268 of nearly half a million unemployed North Carolinians applied for those jobs. More than 90 percent of them—a whopping 245 people—of those applying, were hired, but just 163 even showed up for the first day's work. Only seven native workers completed the entire growing season, filling only one-tenth of 1 percent of the open farm jobs.

This is not an abnormality. Since World War II, migrant workers have fueled America as the breadbasket of the globe. That may change. As I stated, we can either import workers or we can import food.

The problem with the workforce may be even deeper than we know. In 2017, according to the Centers for Disease Control, there were about 60 births per 1,000 women ages 15 to 44, which is 3 percent lower than the rate in 2016 and the lowest recorded rate of birth since the government started tracking birth rates in 1909.

Our actual birth rate is now 1.84. A nation must have at least a 2.1 birth rate to sustain itself. Plus, we abort about 1.2 to 1.5 million children a year. We immigrate approximately 1 million people a year, and many of those have children. If one were to subtract the 39 million immigrants in our population since Roe v. Wade, our actual birth rate would even be lower. As in the past, immigrants are sustaining our national growth in spite of ourselves, and just barely.

The issue of family immigration, now demonized as chain migration, was originally conceived as a way to ensure immigrants arriving had a support base structure, negating or reducing the need for government assistance. It has largely achieved that aim. Now, if current proposals become law, instead of acquiring a more stable and skilled workforce, the opposite is likely to occur, as it did before family migration was instituted.

And what of this dastardly diversity lottery? Is it the ''diversity'' name that offends us?

The reality is the diversity lottery visas ensure immigrants come from a wide spectrum of nations rather than just those south of the border.

Further, a study published just a couple of months ago showed that diversity lottery recipients and family migrants, far from being unskilled and ignorant, are actually better educated than naturally born citizens. The study showed that 47 percent had a college degree or higher, as compared to 29 percent of the naturally born American population.

It seems to me, Mr. Speaker, we could use more of this type of ignorance and lack of skill.

Americans of all generations have had concerns about immigrants: Irish, Dutch, German, Chinese, Eastern European, Mexican, Vietnamese, Persian, Lebanese, Syrian. We fret over language, even though studies show second-generation Americans are fully engaged lingually, and third-generation Americans speak virtually nothing of their old tongue.

In our current national debate, immigrants south of the border carry such worrisome traits as strong in their faith, close-knit families, hardworking, and small business entrepreneurs. As a conservative, it sounds a lot like the things that I stand for. As an American, it sounds a lot like the America I fought for.

Immigrants of all stripes have defended this country with their lives. Forty percent of the soldiers I lost in Iraq were immigrants or had immigrating parents. One was not even a citizen but earned his citizenship posthumously.

While our Nation has ever been sustained by immigrants defending their newfound freedom along with ours, we must reject a dangerous proposal creeping into the immigration measures on this floor, namely, that nonpermanent residents can earn a residency by military service.

Now, we have long accommodated permanent residents to earn their citizenship, but to place people with no status or allegiance into uniform makes us no better than a foreign legion or, worse, a Roman legion.

The Statue of Liberty does not wear a blindfold. That is reserved for Lady Justice. Ms. Justice must continue to hold her scales in balance, with the laws of Americans on one hand balanced by those seeking citizenship to also, themselves, be law-abiding in pursuit of a new citizenship.

Americans are not flooded by immigrants. We are well below the norm, historically. We are, however, starved by restrictive, unaccommodating policy that meets neither the lamp lit by our Founders nor the economic engines needing hands to turn them.

Lady Liberty must continue to raise her arm and keep her torch burning brightly rather than exchange it for a stiff arm and a middle finger. The words inscribed at her base must not say ''Send me only your physicians, your scientists, and your Nobel laureates.''

If we use our passions, anger, and fear to snuff out liberty's flame by xenophobic and knee-jerk policies, the enemies of liberty win, and what makes America exceptional dies, period.

We have so lost our way on immigration that we even have those across our land rejecting those fleeing tyranny. I want you to listen carefully to these statements by Members of Congress in response to a refugee bill—not illegals, not permanent residents, but refugees, people fleeing for their lives. Listen to these statements by Members of Congress:

Fighting immigration is ''the best vote-getting argument . . . The politician can beat his breast and proclaim his loyalty to America.''

''He can tell the unemployed man he is out of work because some alien has his job.''

Here's another one. Congress must ''protect the youth of America from this foreign invasion.''

And how about this one? ''American children have first claim to America's charity.''

There are many more, but these quotes were from 1939. The refugee bill was not for Muslim and Christian Syrians or Iraqi Muslims, Christians, and Yazidis. It was for German and Eastern European Jews. Namely, it was for 20,000 children whom they were trying to receive into the country.

Not only could we not allow 20,000 Jewish children to enter our country in 1939, that same Congress, with the same speech and rhetoric I am hearing in recent days in this august Chamber, passed hurdle after hurdle to make it more difficult for those refugees and immigrants to enter our country.

See the gap during that time? They were, unfortunately, successful.

Mr. Speaker, America protects her liberty and defends her shores not by punishing those who would be free. She does it by guarding liberty with her life. Americans need to sacrifice and wake up. We must not become enemies of the very liberty in the fabric of our Republic. The enemies of liberty win if we give up who we are and, even more so, without a fight.

We guard our way of life by vigilance. We must be watchful. We have to have each other's back as Americans, not as Republicans and Democrats. By maintaining who we are amidst the threat, amidst the hatred, amidst the trials, we win.

Patrick Henry did not say: ''Give me safety and economy or give me death.'' He said: ''Give me liberty.''

We have defended our way of life for roughly 240 years. Now we as Americans must defend it again. We must defend it when the critic sitting on the couch eating his bag of cheese puffs is pecking out hatred and vitriol. We must defend it and have courage when voters are caught up with sincere passion, demanding security that might kill our liberty based on facts that are not true. We must defend it with our warriors who have worked hard to keep the fight for freedom off of our shores.

We will always have threats to security and economy, but liberty, when lost, takes generations, if ever, to regain.

Will and Ariel Durant, those epic recorders of human history, wrote this warning: ''Civilization is not inherited; it has to be learned and earned by each generation anew; if the transmission should be interrupted . . . civilization would die, and we should be savages again.''

I am asking all Americans to please pray for this Congress and specifically for our President. How much time have we really spent on our knees at home for our leaders, regardless of what we think of them? How much counsel have we sought from the Almighty?

It is God who has given us the spark of freedom. It is God we must return to. He will take us and guide us in times of crisis if only we ask Him and humble ourselves and seek His face as a nation.

The Apostle James instructs us:

> If any of you lacks wisdom, let him ask of God, who gives to all liberally and without reproach, and it will be given to him.

Mr. Speaker, maybe our lack of doing that is how we got here in the first place.

I yield back the balance of my time.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 6 o'clock and 57 minutes p.m.), the House stood in recess.

□ 2230

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BURGESS) at 10 o'clock and 30 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4760, SECURING AMERICA'S FUTURE ACT OF 2018

Mr. NEWHOUSE, from the Committee on Rules, submitted a privileged report (Rept. No. 115–770) on the resolution (H. Res. 952) providing for consideration of the bill (H.R. 4760) to amend the immigration laws and the homeland security laws, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 6136, BORDER SECURITY AND IMMIGRATION REFORM ACT OF 2018

Mr. NEWHOUSE, from the Committee on Rules, submitted a privileged report (Rept. No. 115–771) on the resolution (H. Res. 953) providing for consideration of the bill (H.R. 6136) to amend the immigration laws and provide for border security, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4760, SECURING AMERICA'S FUTURE ACT OF 2018

Mr. NEWHOUSE, from the Committee on Rules, submitted a privileged report (Rept. No. 115–772) on the resolution (H. Res. 954) providing for consideration of the bill (H.R. 4760) to amend the immigration laws and the homeland security laws, and for other purposes, which was referred to the House Calendar and ordered to be printed.

ADJOURNMENT

Mr. NEWHOUSE. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 31 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, June 21, 2018, at 9 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

5231. A letter from the Under Secretary, Acquisition and Sustainment, Department of Defense, transmitting a letter stating that the Department's Inventory of Contracted Services FY 2017 final report is expected to be submitted to Congress by the end of September 2018, pursuant to 10 U.S.C. 2330a(c)(1); Public Law 107-107, Sec. 801(c)(1) (as amended by Public Law 114-328, Sec. 812); (130 Stat. 2269); to the Committee on Armed Services.

5232. A letter from the Under Secretary, Acquisition and Sustainment, Department of Defense, transmitting the Department's report to Congress on Corrosion Policy and Oversight Budget Materials for Fiscal Year 2019, pursuant to 10 U.S.C. 2228(e)(1); Public Law 107-314, Sec. 1067(a)(1) (as amended by Public Law 114-328, Sec 954(a)(1)); (130 Stat. 2376); to the Committee on Armed Services.

5233. A letter from the Chairman, Appraisal Subcommittee, Federal Financial Institutions Examination Council, transmitting the Council's 2017 Annual Report, pursuant to 12 U.S.C. 3332(a)(5); Public Law 101-73, Sec. 1103 (as amended by Public Law 111-203, Sec. 1473(b)); (124 Stat. 2190); to the Committee on Financial Services.

5234. A letter from the Assistant General Counsel for Regulations, Office of General Counsel, Department of Housing and Urban Development, transmitting the Department's final rule — Removal of Cross References to Previously Removed Appendices and Subpart [Docket No.: FR-6102-F-01] (RIN: 2501-AD88) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

5235. A letter from the Chief Counsel, National Telecommunications and Information Administration, Department of Commerce, transmitting the Department's final rule — Revision to the Manual of Regulations and Procedures for Federal Radio Frequency Management [Docket No.: 180131107-8107-01] (RIN: 0660-AA35) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5236. A letter from the Attorney Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Unexploded Ordnance Detonation, Gulf of Mexico, Pensacola, FL [Docket No.: USCG-2018-0531] (RIN: 1625-AA00) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the

Committee on Transportation and Infrastructure.

5237. A letter from the Associate Bureau Chief, Wireline Competition Bureau, Federal Communications Commission, transmitting the Commission's final rule — Connect America Fund [WC Docket No.: 10-90] received June 18, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5238. A letter from the General Counsel, Federal Energy Regulatory Commission, transmitting the Commission's final rule — Coordination of Protection Systems for Performance During Faults and Specific Training for Personnel Reliability Standards [Docket No.: RM16-22-000; Order No.: 847] received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5239. A letter from the Assistant Legal Adviser, Office of Treaty Affairs, Department of State, transmitting reports concerning international agreements other than treaties entered into by the United States to be transmitted to the Congress within the sixty-day period specified in the Case-Zablocki Act, pursuant to 1 U.S.C. 112b(a); Public Law 92-403, Sec. 1(a) (as amended by Public Law 108-458, Sec. 7121(b)); (118 Stat. 3807); to the Committee on Foreign Affairs.

5240. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting Transmittal No. DDTC 17-105, pursuant to the reporting requirements of Section 36(c) of the Arms Export Control Act; to the Committee on Foreign Affairs.

5241. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting Transmittal No. DDTC 17-055, pursuant to the reporting requirements of Section 36(c) of the Arms Export Control Act; to the Committee on Foreign Affairs.

5242. A letter from the Administrator, Environmental Protection Agency, transmitting the Agency's Semiannual Report to the Congress from the Office of Inspector General, covering the prior 6-month period ending March 31, 2018, pursuant to the Inspector General Act of 1978 (Public Law 95-452); to the Committee on Oversight and Government Reform.

5243. A letter from the Director, Environmental Protection Agency, transmitting the Agency's FY 2017 No FEAR Act report, pursuant to 5 U.S.C. 2301 note; Public Law 107-174, 203(a) (as amended by Public Law 109-435, Sec. 604(f)); (120 Stat. 3242); to the Committee on Oversight and Government Reform.

5244. A letter from the Associate General Counsel for General Law, Office of General Counsel, Department of Homeland Security, transmitting an action on nomination, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Government Reform.

5245. A letter from the Acting Director, Office of Personnel Management, transmitting the Office's FY 2016 Federal Equal Opportunity Recruitment Program Report to Congress, pursuant to 5 U.S.C. 7201 and 5 C.F.R. Part 720 Subpart B; to the Committee on Oversight and Government Reform.

5246. A letter from the Attorney-Advisor, Office of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Special Local Regulation; Tred Avon River, between Bellevue, MD and Oxford, MD [Docket No.: USCG-2018-0088] (RIN: 1625-AA08) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

5247. A letter from the Attorney Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Columbia River, The Dalles, OR [Docket No.: USCG-2018-0536] (RIN: 1625-AA00) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

5248. A letter from the Attorney Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Lewis River, Ridgefield, WA [Docket No.: USCG-2018-0535] (RIN: 1625-AA00) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

5249. A letter from the Attorney Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Corpus Christi Bay, Corpus Christi, TX [Docket No.: USCG-2018-0458] (RIN: 1625-AA00) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

5250. A letter from the Attorney Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Ohio River, mile marker 27.8 to mile marker 28.2, Vanport, PA [Docket No.: USCG-2018-0308] (RIN: 1625-AA00) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

5251. A letter from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Blazing Paddles 2018 SUP Race; Cuyahoga River, Cleveland, OH [Docket No.: USCG-2018-0242] (RIN: 1625-AA00) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

5252. A letter from the Attorney-Advisor, Office of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Appomattox River, Hopewell, VA [Docket No.: USCG-2018-0330] (RIN: 1625-AA00) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

5253. A letter from the Attorney Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Lake Pontchartrain, Mandeville, LA [Docket Number USCG-2018-0529] (RIN: 1625-0529) received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

5254. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Guidance to grantors and contributors of tax-exempt organizations on deductibility and reliance issues [Rev. Proc. 2018-32] received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

5255. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only — Credit for Indian Coal Production and Inflation Adjustment Factor for Calendar Year 2017 [Notice 2018-36] received June 19, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

5256. A letter from the Under Secretary, Acquisition and Sustainment, Department of Defense, transmitting the Department's 2016 annual Report to Congress on Defense Environmental Programs, pursuant to 10 U.S.C. 2711(a); Public Law 112-81, Sec. 317(a); (125 Stat. 1359); jointly to the Committees on Armed Services and Energy and Commerce.

5257. A letter from the Labor Member and Management Member, Railroad Retirement Board, transmitting the 27th Actuarial Valuation of the railroad retirement system, pursuant to 45 U.S.C. 231f-1; Public Law 98-76, Sec. 502 (as amended by Public Law 104-66, Sec. 2221(a)); (109 Stat. 733) and 45 U.S.C. 231u(a)(1); Aug. 29, 1935, ch. 812, Sec. 22(a)(1) (as amended by Public Law 107-90, Sec. 108(a)); (115 Stat. 890); jointly to the Committees on Ways and Means and Transportation and Infrastructure.

5258. A letter from the Labor Member and Management Member, Railroad Retirement Board, transmitting the 2018 annual report on the financial status of the Railroad Unemployment Insurance System, pursuant to 45 U.S.C. 369; Public Law 100-647, Sec. 7105; (102 Stat. 3772); jointly to the Committees on Ways and Means and Transportation and Infrastructure.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. GOWDY: Committee on Oversight and Government Reform. H.R. 5925. A bill to codify provisions relating to the Office of National Drug Control, and for other purposes; with an amendment (Rept. 115–767, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. BISHOP of Utah: Committee on Natural Resources. H.R. 3392. A bill to provide for stability of title to certain land in the State of Louisiana, and for other purposes; with an amendment (Rept. 115–768). Referred to the Committee of the Whole House on the state of the Union.

Ms. GRANGER: Committee on Appropriations. H.R. 6157. A bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2019, and for other purposes (Rept. 115–769). Referred to the Committee of the Whole House on the state of the Union.

Mr. BURGESS: Committee on Rules. House Resolution 952. Resolution providing for consideration of the bill (H.R. 4760) to amend the immigration laws and the homeland security laws, and for other purposes (Rept. 115–770). Referred to the House Calendar.

Mr. NEWHOUSE: Committee on Rules. House Resolution 953. Resolution providing for consideration of the bill (H.R. 6136) to amend the immigration laws and provide for border security, and for other purposes (Rept. 115–771). Referred to the House Calendar.

Mr. BURGESS: Committee on Rules. House Resolution 954. Resolution providing for consideration of the bill (H.R. 4760) to amend the immigration laws and the homeland security laws, and for other purposes (Rept. 115–772). Referred to the House Calendar.

DISCHARGE OF COMMITTEES

Pursuant to clause 2 of rule XIII, the Committees on Energy and Commerce, Foreign Affairs, the Judiciary, Intelligence (Permanent Select), and Appropriations discharged from further consideration. H.R. 5925 referred to the Committee of the Whole House on the state of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. FERGUSON (for himself and Mr. CICILLINE):

H.R. 6156. A bill to prohibit States from suspending, revoking, or denying State-issued professional licenses or issuing penalties due to student default; to the Committee on Education and the Workforce.

By Mr. TIPTON (for himself, Mr. CLAY, and Mr. MEEKS):

H.R. 6158. A bill to amend the Federal Deposit Insurance Act to exclude affiliates and subsidiaries of insured depository institutions in the definition of deposit broker, and for other purposes; to the Committee on Financial Services.

By Mr. CRAMER:

H.R. 6159. A bill to require the Secretary of Transportation to conduct a study about the impact of electronic logging devices and report the findings to Congress; to the Committee on Transportation and Infrastructure.

By Mr. HARPER (for himself and Mr. BRADY of Pennsylvania):

H.R. 6160. A bill to amend title 5, United States Code, to clarify the sources of the authority to issue regulations regarding certifications and other criteria applicable to legislative branch employees under Wounded Warriors Federal Leave Act; to the Committee on House Administration, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. HERRERA BEUTLER:

H.R. 6161. A bill to amend title 38, United States Code, to waive fees for Purple Heart recipients serving on active duty for loans guaranteed under the home loan program of Department of Veterans Affairs; to the Committee on Veterans' Affairs.

By Mrs. LOVE (for herself and Mr. DAVID SCOTT of Georgia):

H.R. 6162. A bill to amend the Commodity Exchange Act to exempt certain small entities dealing in foreign exchange that serve small- and medium-sized businesses from certain capital and margin requirements, and for other purposes; to the Committee on Agriculture.

By Mr. MOONEY of West Virginia:

H.R. 6163. A bill to amend the Consumer Financial Protection Act of 2010 to reform the Consumer Financial Civil Penalty Fund and to prohibit the Bureau of Consumer Financial Protection from serving as the administrator of redress payments, and for other purposes; to the Committee on Financial Services.

By Mr. NORMAN:

H.R. 6164. A bill to prohibit the National Endowment for the Arts to make grants for housing; to the Committee on Education and the Workforce.

By Mr. O'HALLERAN (for himself, Mr. KNIGHT, and Mr. MOULTON):

H.R. 6165. A bill to improve the treatment of opioids under the pharmacy benefits program of the Department of Defense; to the Committee on Armed Services.

By Ms. ROSEN (for herself, Mr. KNIGHT, Mr. O'HALLERAN, and Mr. MACARTHUR):

H.R. 6166. A bill to require the Secretary of Energy to develop a solar workforce training course for certain members of the Armed Forces, and for other purposes; to the Committee on Education and the Workforce, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROSKAM (for himself, Mr. QUIGLEY, Mrs. BUSTOS, Mr. SHIMKUS, Mr. RODNEY DAVIS of Illinois, Mr. LIPINSKI, Mr. RUSH, Mr. KINZINGER, Ms. SCHAKOWSKY, Mr. KRISHNAMOORTHI, Mr. FOSTER, Mr. HULTGREN, Ms. KELLY of Illinois, Mr. BOST, Mr. LAHOOD, Mr. DANNY K. DAVIS of Illinois, Mr. GUTIÉRREZ, and Mr. SCHNEIDER):

H.R. 6167. A bill to designate the facility of the United States Postal Service located at 5707 South Cass Avenue in Westmont, Illinois, as the ''James William Robinson Jr. Memorial Post Office Building''; to the Committee on Oversight and Government Reform.

By Mr. SMITH of Washington (for himself, Mr. JEFFRIES, Ms. SPEIER, Ms. NORTON, Mr. LYNCH, Ms. JAYAPAL, and Mr. KHANNA):

H.R. 6168. A bill to assist aviation-impacted communities in mitigating the noise burden that they face and to increase Federal Aviation Administration engagement and responsiveness to communities, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. SOTO:

H.R. 6169. A bill to establish a pilot program for long-term rental assistance for families affected by major disasters in 2017; to the Committee on Transportation and Infrastructure.

By Mr. YOUNG of Alaska (for himself, Ms. GABBARD, and Ms. HANABUSA):

H.R. 6170. A bill to direct the Secretary of the Interior to establish a demonstration program to adapt the successful practices of providing foreign aid to underdeveloped economies to the provision of Federal economic development assistance to Native communities in similarly situated remote areas in the United States, and for other purposes; to the Committee on Natural Resources.

By Mr. ROHRABACHER:

H. Con. Res. 124. Concurrent resolution expressing the sense of Congress that the United States should resume normal diplomatic relations with Taiwan, and for other purposes; to the Committee on Foreign Affairs.

By Mr. WILSON of South Carolina:

H. Res. 951. A resolution expressing concern with respect to the Government of Turkey's anticipated purchase of Russian S-400 surface-to-air missile batteries, and for other purposes; to the Committee on Foreign Affairs.

By Mr. POE of Texas (for himself, Mr. CONNOLLY, Mr. OLSON, Mr. PRICE of North Carolina, Mr. HARRIS, Ms. KAPTUR, Mr. FITZPATRICK, and Mr. LEVIN):

H. Res. 955. A resolution affirming United States support to the nations of Ukraine, Georgia, and Moldova in their effort to retain political sovereignty and territorial integrity; to the Committee on Foreign Affairs, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII,

Mr. CICILLINE introduced a bill (H.R. 6171) to authorize the Coast Guard to issue a certificate of documentation with a coastwise endorsement for the vessel Oliver Hazard Perry, and for other purposes; which was referred to the Committee on Transportation and Infrastructure.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. FERGUSON:

H.R. 6156.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, To make rules for the government and regulation of land and naval forces

By Ms. GRANGER:

H.R. 6157.

Congress has the power to enact this legislation pursuant to the following:

The principal constitutional authority for this legislation is clause 7 of section 9 of article I of the Constitution of the United States (the appropriation power), which states: ''No Money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law. . . .'' In addition, clause 1 of section 8 of article I of the Constitution (the spending power) provides: ''The Congress shall have the Power . . . to pay the Debts and provide for the common Defence and general Welfare of the United States. . . .'' Together, these specific constitutional provisions establish the congressional power of the purse, granting Congress the authority to appropriate funds, to determine their purpose, amount, and period of availability, and to set forth terms and conditions governing their use.

By Mr. TIPTON:

H.R. 6158.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3—to regulate commerce with foreign nations, and among the several states, and with the Indian tribes.

By Mr. CRAMER:

H.R. 6159.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this bill rests is in clause 18 of section 8 of article I of the Constitution.

By Mr. HARPER:

H.R. 6160.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution.

By Ms. HERRERA BEUTLER:

H.R. 6161.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the United States Constitution

By Mrs. LOVE:

H.R. 6162.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the Constitution.

By Mr. MOONEY of West Virginia:

H.R. 6163.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution

By Mr. NORMAN:
H.R. 6164.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 7
By Mr. O'HALLERAN:
H.R. 6165.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18
By Ms. ROSEN:
H.R. 6166.
Congress has the power to enact this legislation pursuant to the following:
Clauses 1, 12, 13, 14, and 18 of Section 8 of Article I of the Constitution
By Mr. ROSKAM:
H.R. 6167.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 {Page H2755}
By Mr. SMITH of Washington:
H.R. 6168.
Congress has the power to enact this legislation pursuant to the following:
Article I Section 8 Clause 3—''To regulate Commerce with foreign Nations, and among the several States, and within the Indian Tribes.''
Article 1 Section 8 Clause 18—''To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.''
By Mr. SOTO:
H.R. 6169.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, of the United States Constitution.
By Mr. YOUNG of Alaska:
H.R. 6170.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 3
Ms. CICILLINE:
H.R. 6171.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8 of the Constitution of the United States.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 6: Mr. MACARTHUR.
H.R. 154: Ms. CLARK of Massachusetts, Mr. GENE GREEN of Texas, Mrs. BUSTOS, and Mr. PERLMUTTER.
H.R. 184: Mr. GONZALEZ of Texas and Mr. GARRETT.
H.R. 448: Mr. DESAULNIER.
H.R. 519: Mr. SCHWEIKERT.
H.R. 754: Mr. GENE GREEN of Texas.
H.R. 786: Mr. MOULTON.
H.R. 809: Mr. JONES.
H.R. 852: Ms. SÁNCHEZ.
H.R. 858: Mr. SEAN PATRICK MALONEY of New York and Ms. CASTOR of Florida.
H.R. 936: Mr. DESAULNIER.
H.R. 959: Ms. ESTY of Connecticut.
H.R. 1150: Mr. GIBBS and Mr. PEARCE.
H.R. 1171: Mr. LUETKEMEYER.
H.R. 1204: Ms. VELÁZQUEZ and Mr. BARR.
H.R. 1225: Mr. CARSON of Indiana.
H.R. 1450: Mr. LAWSON of Florida.
H.R. 1566: Mr. PRICE of North Carolina.
H.R. 1587: Ms. JUDY CHU of California.
H.R. 1651: Mr. THOMPSON of Mississippi.
H.R. 1661: Ms. TSONGAS.
H.R. 1676: Mr. UPTON.
H.R. 1953: Mrs. MURPHY of Florida, Mr. CLEAVER, Mr. LANCE, and Mr. RODNEY DAVIS of Illinois.
H.R. 2043: Mr. BLUMENAUER and Mr. PAYNE.
H.R. 2101: Mr. SHIMKUS, Mr. ROYCE of California, and Mr. ROKITA.
H.R. 2309: Mr. HASTINGS and Mr. MCEACHIN.
H.R. 2358: Mr. KILMER and Mr. ENGEL.
H.R. 2366: Mr. CORREA.
H.R. 2418: Mr. MCGOVERN.
H.R. 2572: Ms. ROSEN.
H.R. 2584: Mr. CARTER of Georgia and Ms. WILSON of Florida.
H.R. 2598: Mr. NORCROSS and Mr. RUSH.
H.R. 2651: Ms. TITUS and Ms. SCHAKOWSKY.
H.R. 2902: Mr. CORREA.
H.R. 2917: Mr. CRAMER.
H.R. 2918: Mr. SMITH of New Jersey.
H.R. 2944: Ms. ROYBAL-ALLARD.
H.R. 3124: Mr. SUOZZI.
H.R. 3148: Ms. BROWNLEY of California.
H.R. 3207: Mr. ELLISON, Mr. LANCE, and Mr. MCEACHIN.
H.R. 3222: Mr. PERLMUTTER.
H.R. 3459: Ms. ESHOO.
H.R. 3626: Mr. BUDD.
H.R. 3645: Mr. WELCH.
H.R. 3713: Ms. SHEA-PORTER.
H.R. 3742: Mr. POCAN.
H.R. 3875: Mr. KENNEDY.
H.R. 3945: Ms. MOORE.
H.R. 4099: Mr. BUDD.
H.R. 4328: Mr. BANKS of Indiana.
H.R. 4382: Mr. MEADOWS, Ms. WASSERMAN SCHULTZ, and Mr. TAYLOR.
H.R. 4734: Ms. SPEIER.
H.R. 4843: Mrs. DEMINGS.
H.R. 4846: Mr. COOK and Mr. MCKINLEY.
H.R. 4886: Mr. HURD.
H.R. 4915: Mr. RICE of South Carolina.
H.R. 5031: Ms. ESTY of Connecticut and Mr. LOBIONDO.
H.R. 5060: Mr. KILMER.
H.R. 5105: Mr. MCGOVERN and Mrs. COMSTOCK.
H.R. 5147: Ms. NORTON.
H.R. 5191: Mr. POLIQUIN.
H.R. 5222: Mr. COFFMAN.
H.R. 5232: Mr. LOEBSACK.
H.R. 5241: Mr. KHANNA.
H.R. 5248: Mr. MEEKS.
H.R. 5324: Mrs. BROOKS of Indiana.
H.R. 5358: Ms. STEFANIK and Mr. COOPER.
H.R. 5385: Mr. COSTA and Mr. YOUNG of Iowa.
H.R. 5410: Ms. JACKSON LEE.
H.R. 5414: Mr. FOSTER and Ms. ROSEN.
H.R. 5564: Ms. JUDY CHU of California.
H.R. 5638: Ms. LOFGREN.
H.R. 5658: Mr. LUETKEMEYER.
H.R. 5671: Mr. HOLDING, Mr. PEARCE, Mr. TIPTON, Mr. NORMAN, and Mr. BACON.
H.R. 5693: Ms. BROWNLEY of California.
H.R. 5697: Mr. HUFFMAN.
H.R. 5732: Mr. CRAMER.
H.R. 5747: Mr. JONES.
H.R. 5765: Mr. CONNOLLY.
H.R. 5771: Ms. STEFANIK.
H.R. 5794: Ms. SEWELL of Alabama and Ms. SPEIER.
H.R. 5814: Mr. QUIGLEY.
H.R. 5900: Mrs. HARTZLER.
H.R. 5950: Mr. POLIS, Mr. PETERS, and Ms. ROSEN.
H.R. 5988: Mr. PALAZZO, Mr. LONG, and Mr. SHIMKUS.
H.R. 6016: Mr. LAWSON of Florida.
H.R. 6031: Mr. TROTT and Mr. KELLY of Pennsylvania.
H.R. 6048: Mr. HUFFMAN, Ms. HANABUSA, and Ms. TSONGAS.
H.R. 6073: Mr. TIPTON.
H.R. 6079: Mr. BUCK.
H.R. 6081: Mr. STIVERS.
H.R. 6084: Mr. COSTELLO of Pennsylvania, Mr. KELLY of Pennsylvania, and Mr. SCHWEIKERT.
H.R. 6103: Ms. TSONGAS.
H.R. 6111: Mr. WEBER of Texas.
H.R. 6134: Mr. BIGGS, Mr. MARCHANT, Mr. BUDD, Mr. NORMAN, Mr. DUNCAN of South Carolina, Mr. JONES, Mr. SESSIONS, and Mr. JODY B. HICE of Georgia.
H.R. 6135: Mr. VEASEY, Mr. DAVID SCOTT of Georgia, Mr. GOTTHEIMER, and Ms. SINEMA.
H.R. 6136: Mr. MESSER, Mr. DIAZ-BALART, Mr. STIVERS, Mr. KATKO, Mr. BACON, Mr. MOOLENAAR, and Mr. NEWHOUSE.
H.R. 6142: Mr. SAM JOHNSON of Texas.
H. Res. 673: Mr. KHANNA.
H. Res. 697: Mr. VISCLOSKY.
H. Res. 750: Ms. MCCOLLUM.
H. Res. 870: Mr. HUNTER.
H. Res. 915: Mr. MOULTON.
H. Res. 927: Mr. DAVID SCOTT of Georgia and Mr. RUIZ.
H. Res. 930: Mr. SEAN PATRICK MALONEY of New York.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

OFFERED BY MR. BISHOP

The provisions that warranted a referral to the Committee on Natural Resources in H.R. 4760 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. BRADY OF TEXAS

The provisions that warranted a referral to the Committee on Ways and Means in H.R. 4760 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. CONAWAY

The provisions that warranted a referral to the Committee on Agriculture in H.R. 4760 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

OFFERED BY MR. FOXX

The provisions that warranted a referral to the Committee on Education and the Workforce in H .R. 4760, Securing America's Future Act of 2018, do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. GOWDY

The provisions that warranted a referral to the Committee on Oversight and Government Reform in H.R. 4760 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. MCCAUL

The provisions that warranted a referral to the Committee on Homeland Security in H.R. 4760 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. ROYCE

The provisions of H.R. 4760 (Securing America's Future Act of 2018) within the jurisdiction of the Committee on Foreign Affairs do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. SHUSTER

The provisions of H.R. 4760, the Securing America's Future Act, that fall within the jurisdiction of the Committee on Transportation and Infrastructure do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of House Rule XXI.

OFFERED BY MR. THORNBERRY

The provisions that warranted a referral to the Committee on Armed Services in H.R. 4760 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. BISHOP OF UTAH

The provisions that warranted a referral to the Committee on Natural Resources in H.R. 6136 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. BRADY OF TEXAS

The provisions that warranted a referral to the Committee on Ways and Means in H.R. 6136 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. CONAWAY

The provisions that warranted a referral to the Committee on Agriculture in H.R. 6136 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

OFFERED BY MR. GOWDY

The provisions that warranted a referral to the Committee on Oversight and Government Reform in H.R. 6136 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. MCCAUL

The provisions that warranted a referral to the Committee on Homeland Security in H.R. 6136 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. ROYCE

The provisions of H.R. 6136 (Border Security and Immigration Reform Act of 2018) within the jurisdiction of the Committee on Foreign Affairs do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. SHUSTER

The provisions of H.R. 6136, the Border Security and Immigration Reform Act of 2018, that fall within the jurisdiction of the Committee on Transportation and Infrastructure do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of House Rule XXI.

OFFERED BY MR. THORNBERRY

The provisions that warranted a referral to the Committee on Armed Services in H.R. 6136 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. WALDEN

The provisions that warranted a referral to the Committee on Energy and Commerce in H.R. 6136 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. WOMACK

The provisions that warranted a referral to the Committee on the Budget in H.R. 6136, the Border Security and Immigration Reform Act of 2018, do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.